DOCUMENT RESUME

ED 176 440 EC 120 401

TITLE	Innocent Victims: NCJW Manual on Child Abuse and Neglect Programs.
INSTITUTION	National Council of Jewish Women, New York, N.Y.
PUB DATE	Sep 78
NOTE	84p.
AVAILABLE FROM	National Council of Jewish Women, 15 East 26th Street, New York, New York 10010 ($3.50)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Child Abuse; *Child Advocacy; *Community Action; Community Involvement; Delivery Systems; Family (Sociological Unit); *Information Dissemination; Legislation; *Neglected Children; *Outreach Programs; Parent Child Relationship; Planning Meetings; Public Relations; State Legislation; Surveys

ABSTRACT

The manual was written by the National Council of Jewish Women to provide guidelines for volunteer legislative action and community service for individuals in the area of child abuse and neglect. After an overview which details some of the causes of child abuse, information on child abuse and neglect legislation in each state is presented. Guidelines for organizing a study group are reviewed, and an outline for a four session program is reported. The basics of launching a public information campaign including ideas for planning a general information meeting and professional awareness meetings (for health care professionals, law enforcement officials, educators, and social work professionals) are discussed. Two surveys are provided which (1) explore the extent and nature of hospital, law enforcement, prosecutor, and state agency involvement in child abuse and neglect cases and (2) identify the services available for abused and neglected children and their families in a given community. Also explained are the nature and value of a crisis hotline, family support programs such as Parents Anonymous, and monitoring and advocacy groups. Appended are a selected bibliography on child abuse and neglect, an annotated list of films on child abuse, a glossary of terms, and addresses of groups to write to for additional information on the subject. (PHR)

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INNOCENT VICTIMS

NCJW MANUAL ON CHILD ABUSE AND NEGLECT PROGRAMS

International Year of the Child 1979

This Manual, dedicated to the International Year of the Child, was made possible through a generous contribution by the St. Louis Section of The National Council of Jewish Women.

JUSTICE FOR CHILDREN TASK FORCE
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P R E F A C E

The National Council of Jewish Women believes that a healthy community, sound family life, and individual welfare are interdependent. It believes, therefore, that our democratic society must give priority to programs which meet human needs, and that the public and private sectors must cooperate to achieve this end.

Child abuse and neglect are social problems which create many "innocent victims"—children and adults—who are caught up by social forces which they cannot handle alone. Private and public resources and programs and a concerned citizenry are needed to help these "victims" become useful citizens.

This manual provides some directions for volunteer legislative action and community service. It focuses on the interrelationships of the volunteer and the professional, and the private and public sectors, which are necessary for any lasting impact. It is therefore most fitting that Innocent Victims be dedicated to the International Year of the Child—whose goals are to improve the life of every child through this type of cooperative effort.

We are indebted to the many individuals from the NCJW Justice for Children Task Force who worked on this manual, and to the St. Louis Section for the generous support that made its publication possible.

Esther R. Landa
National President

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INTRODUCTION

The National Council of Jewish Women's concern with child abuse and neglect is a natural outgrowth of its history of concern for the rights of children. NCJW has worked for improved services to children and their families throughout its 85-year history. More specifically, in the past six years, as NCJW volunteers have focused on the plight of children in the juvenile justice system, they have seen a correlation between those troubled youth who end up in a court of law and those who were abused as children. Many professionals who work in the field agree that the juvenile delinquent of today is often the abused child of yesterday.

We rarely observe the action—or failure to act—that endangers a child. But in our daily lives, as citizens, neighbors, and as NCJW members, we see the results of abuse and neglect. NCJW volunteers in day care services observe the overly frightened child, the malnourished or ill-clothed child, the child who is ill, but has not received medical attention, the child who shows signs of repeated physical injury. Our volunteers in juvenile justice programs learn from those they now encounter as "status offenders" or "juvenile delinquents" of the maltreatment that traumatized and embittered them as children. NCJW women, volunteering in family outreach centers, work with parents who are isolated and depressed, who have unrealistic expectations of their young children, who feel inadequate to face the tasks of parenthood, and whose own experiences as neglected or abused children gave them the only model of parenting they know.

Child maltreatment, defined according to the prevailing values and child rearing practices of the times, has been a social problem throughout history. The Child Abuse Prevention and Treatment Act now defines child abuse as "the physical or mental injury, sexual abuse, negligent treatment or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare..." Today, all 50 states have laws requiring the reporting of suspected cases of child maltreatment. Statutes vary in their reporting requirements and their definitions of abuse, neglect, or the more encompassing term, maltreatment. Child protection legislation usually involves both criminal and civil codes. In the criminal codes, child maltreatment is designated a crime under statutes prohibiting cruelty to children, assault, or sexual abuse. Emotional abuse and neglect are covered by criminal statutes in most states. Civil codes provide for protective supervision of endangered children by the juvenile or family court—from parental custody, removal of a child where there is evidence of abuse or neglect, to the provision of treatment services for the children and, in some states, for the families involved. Reporting laws usually mandate particular professional groups—such as doctors, law enforcement officers, teachers, social workers and clergy—to report instances of suspected abuse or neglect. Most statutes also permit other persons, such as neighbors and relatives, to report, and specify reporting procedures and protection against liability for those who report in good faith.

Child protection is a highly specialized field within child welfare. Much research has already been done on different aspects of the problem, including the maltreated child, the parent who abuses or neglects, and various types of treatment approaches. The Children's Bureau aided the states in developing legislation by

publishing a model reporting law in 1963. And a significant step was taken in the direction of national recognition of the problems of child abuse and neglect with the passage of the Child Abuse Prevention and Treatment Act (Public Law 93-247) in January, 1974.

Child abuse is a highly emotional and complex problem. For too long, it has been a hidden problem, relegated to understaffed and overwhelmed protective agencies far from public view. Only in recent years has the true seriousness of child abuse and neglect been widely recognized. Even today, the dearth of valid research and reliable statistics which could pinpoint effective preventive measures contributes to a reluctance to act. In addition, many proposed solutions to the problem of child abuse raise serious legal and ethical questions.

However, the time has come. The effort must be made. According to a recent Children's Bureau publication, each year almost one million children are maltreated by their parents. An estimated 200,000 to 300,000 children are physically abused; from 60,000 to 100,000 are sexually abused; and from 700,000 to 800,000 are neglected. These children are found in all socioeconomic, racial and ethnic groups.

Given the scope and complexity of the problem one might well ask, "What should the role of the concerned citizen and volunteer be in the field of child protection?" Our research indicates that, despite the existence of laws mandating child abuse and neglect reporting, the public—both lay and professional—remains largely unaware of their provisions. Too many states that provide for reporting and detection of child maltreatment do not mandate the provision of services to children and their families. The community needs to know about and understand its child protection laws and to make sure that existing services are utilized and, when necessary, that services are developed to ensure rehabilitative treatment and prevention of future maltreatment. Organizations like the National Council of Jewish Women (NCJW) are especially suited for this dual role of community education and advocacy. Our direct experience with children and families permits us to speak with confidence about the problems of child maltreatment and its very serious consequences.

In addition, NCJW speaks in the context of its traditional concern with the needs and rights of children and their families. NCJW recognizes the right of a child to protection and adequate care from his parents, and the right to remain in his own home unless his physical or emotional health would be endangered by doing so. NCJW has long advocated the availability of support services in the community to enable parents to carry out their responsibilities to their children.

Our experience has shown that families avoid services when there is a stigma or criminal sanction attached, but that parents with problems seek out voluntary, visible, accessible services that are delivered in a helpful, non-judgmental fashion. Working as advocates and as one-to-one parent counselors, NCJW volunteers have found that individuals can re-learn positive parenting patterns, and that most of the parents identified as neglecting or abusing want to be better parents. With this perspective, we can work for a therapeutic rather than punitive approach to child maltreatment, focusing on the social and psychological causes of the problem and creating public support for comprehensive services to parents and children.

Child protection involves many service providers and progressions. As yet, services in most communities are fragmented and uncoordinated. While some families are being seen by several service agencies, others "fall between the cracks" and receive no service. In its Justice for Children program, NCJW has found it possible to convene community agencies to consider common problems and needs. As a neutral organization, not competing for scarce direct service monies, NCJW can keep the focus of such meetings on the needs of the children and families involved. Communication and, eventually, coordination of agency services is essential both to the service agencies and the families they serve.

Finally, concerned citizens are needed to function as lobbyists for improved legislation and practices. Volunteers are needed to monitor the implementation of legislation to ensure that the intent of the law has been met. The role of the volunteer, in sum, is limited only by the scope of her imagination and desire to work. NCJW can spearhead this effort. We have credibility in both citizen and professional groups, and have learned to avoid the facile solution and know that careful study must precede the leap into action.

This manual is designed to assist you as you study and work in the field of child protection by providing the following:

An overview of child abuse and neglect
Child abuse and neglect legislation
Guidelines for study and action
Descriptions of Section projects already in existence
Information on additional resources which are available

The manual has been designed for use by NCJW Sections which have done no work in the area, as well as those who are interested in considering the expansion of already-existing projects. We feel sure that you can use the manual to build or further develop an effective program in your Section and your community.

As you use this manual, please keep in mind that the NCJW Justice for Children Task Force and the Community Activities Committee are eager to assist you in your efforts. It is the unique partnership of Sections, National Committees and Staff that allows NCJW to have a continuing impact on the rights of children.

AN OVERVIEW OF CHILD ABUSE AND NEGLECT

Child abuse has been practiced and accepted for centuries. In fact, children have been abused throughout the recorded history of western civilization. Infanticide of both legitimate and illegitimate children was a lawful and regular practice of antiquity. Abraham was a potential child abuser, saved only by God's intervention, and Innocents Days were celebrated in most Christian countries by the whipping of children. Charles Dickens, in the nineteenth century, described the sad plight of the poor child in an industrialized society. Slavery represented a societal arrangement which permitted widespread abuse of children.

In eighteenth-century England, the term "children's rights" would not have been understood, for children were regarded as chattels of their family and wards of the state. In the United States the philosophy "spare the rod and spoil the child" has been advocated by parents, religious leaders and schoolmasters alike for most of our history.

The first public recognition of child abuse in this country did not occur until 1874. In a famous case in New York City, a child who had been beaten regularly by her adoptive parents was unchained from her bed and provided safety away from her home. Her rescue came only after intense and persistent efforts by the Society for the Prevention of Cruelty to Animals. The Society was able to have her removed from her home on the grounds that she was a member of the animal kingdom. This case led to the founding of The Society for the Prevention of Cruelty to Children in New York in 1875. Other cities followed this precedent and created organizations to protect children from harm.

It was not until the 1940s, however, that radiological techniques were developed sufficiently to allow doctors to identify patterns of child abuse in injuries to children. In 1946, Dr. John Caffey published the first medical report correlating subdural hematoma (blood clots around the brain resulting from injury to the head) and fractures in the long bones of children.(1) From that time on there was a continuing inquiry into the medical diagnosis of child abuse.(2) It was Dr. Henry Kempe who, in 1962, first coined the phrase "battered child syndrome" to describe the clinical condition of young children who are the objects of serious physical abuse.

"The syndrome," he wrote, "should be considered in any child exhibiting evidence of possible trauma or neglect (fracture of any bone, subdural hematoma, multiple soft tissue injuries, poor skin hygiene or malnutrition) or where there is marked discrepancy between the clinical findings and the historical data as supplied by the parents."(3)

As a result of improved diagnostic techniques and increased interest, the Children's Bureau of the United States Department of Health, Education and Welfare called its first conference on child abuse in 1962. That conference produced the first proposed legislation seeking the mandatory reporting of injuries inflicted on children. By 1964, twenty states had enacted similar statutes and by 1966 forty-nine states had such legislation.(4)

The Federal Child Abuse Prevention and Treatment Act, passed by Congress in 1974, also reflects the evolution toward improved and expanded child protection laws. This act established a National Center on Child Abuse and Neglect and provided federal monies for state grants. The act emphasized for the first time the importance of legislation which would mandate child protective services as well as reporting procedures. Unfortunately, state laws and practices were such that two and a half years after the passage of this act, only twenty-eight states were eligible to receive grants under its terms.

Therefore, the National Center on Child Abuse and Neglect has prepared a Model Child Protection Act to assist states in strengthening the delivery of a broad range of child welfare services to children and their families.

In 1974, the House of Representatives passed H.S. 6693, which extended the Child Abuse Prevention and Treatment Act of 1974 (now called the Child Abuse Prevention and Treatment Amendments of 1977) for a five-year period, with slight fiscal increases. In addition, monies under Title IVB and Title XX Social Services are available to supplement these grants.

Although the study of child abuse and neglect is relatively new, available data on abused children and their parents suggests the following:

The most significant single factor to take into consideration when discussing abusing parents is how much like ourselves they are. They come from all walks of life; they come from cities and rural communities; they are often successful people who hold down good jobs and keep neat and clean homes. They are seldom terrible, sadistic people. Many abusing parents cope very well outside the home. It is in interaction between themselves and their children that problems arise.

In most instances abusing parents are found to have been abused themselves as children. If they have not actually suffered physical abuse they will often have grown up in a home with parents who were overdemanding, critical and very controlling. As children, they felt unloved and undeserving of love.

Abusing parents desperately need help. They are often people who are socially isolated, who have few real friends and who are not active in the community. Most do not expect to be liked and are unable to reach out to others. As parents they feel inadequate and yet feel tremendous pressure to be good parents. Most are easily frustrated and when frustration builds up in their daily life they are more likely to injure their children. Most have very poor control over their impulses. They usually have unreasonably high expectations of their children and expect them to respond in ways far beyond their stage of development. When the child is unable to respond to these excessive demands, he is seen by such parents as willfully ignoring their wishes.

Parents feel justified in the punishment which they inflict. Not only do they feel rejection by the child, but they see punishment as the only way to raise a good child. Abusing parents often do not perceive their children as infants but rather as organized human beings—almost adult.

Since they themselves have experienced little sense of love and care as children, they are often cold, rigid disciplinarians. They tend to react to most confrontations with strong denial, anger, tears and perhaps withdrawal. Although they need and often want help, they are usually fearful and lacking in trust. Having experienced abuse and criticism themselves as children, they see only criticism and possible punishment coming from those who wish to help.

Because of similar childhood experiences, abusing parents often show similar characteristics, although it should be noted that all parents who possess some of these characteristics will not necessarily abuse their children. Although anyone has the potential of abusing or neglecting his or her child given the right circumstances, experts suggest that the following indications appear individually or in combination in all child abuse cases:

Parent with Abused or Neglected Background: Studies of the backgrounds of abusing parents indicate that these parents seemed to be carrying out the kind of violent child-rearing techniques they themselves experienced at the hands of their own mothers and fathers.(5) Most authorities agree that without a positive parenting experience to emulate, one cannot function as a loving, nurturing parent, and that one generation passes this inability on to the next.

Isolation or Single Parent Family: The abusing parent may be unable to get relief from the pressures of child rearing due to a lack of extended family or friends (abusive parents tend not to make lasting relationships with other adults), and a lack of community supports (day care centers, homemaker services or baby sitters), or an inability to seek such community services. Parents who are geographically isolated and cannot call on family or community resources may also fall into this category.

Unrealistic Expectations of Child: Some abusing parents drastically overestimate the physical and mental abilities and development of their children and demand behavior well beyond the children's capabilities. For example, toilet training is sometimes attempted as early as six weeks of age. When the child is unable to perform as expected, the frustrated parent may abuse the child.(6)

Inability to Deal with Crisis: Abusing parents may be faced with any number of situations with which they cannot cope, including the loss of a job, a death in the family, separation from loved ones, the breakdown of a car or household appliance. Unable to deal effectively with these crises, they either lash out at their children or simply ignore or abandon them. Statistics show that the incidence of child abuse increases during holidays, when emotional pressures seem to mount.

Emotional Immaturity: A very large percentage of parents who neglect, abuse, and/or batter their children are emotionally immature. Nature equips children to become parents at as early an age as twelve to fourteen years. The laws in some states condone the assumption of the responsibilities of marriage and parenthood for persons as young as fourteen. Yet, in our culture, psychosocial and emotional maturity are rarely achieved before the twenties, and sometimes never. Hence parents may be involved in role-reversals with their children, and for them a sense of self-worth may depend on nurturing from others. A child's lack of compliance is perceived as a lack of love. The parent feels rejected, unwanted and unloved, and feelings of resentment toward the non-nurturing child lead to avoidance, neglect, or even to rage.(7)

Disciplinary Abuse: Some abusing parents view their offspring as their personal property. Punishment for real or imagined misbehavior is seen as a parental right or duty. Unfortunately, what may start out as a spanking can often result in a brutal attack.

Alcohol and Drug Addiction: Abusing parents may pose a threat to their children because they are unable to satisfy their own habits or are under the influence of drugs or alcohol.

While child abuse and neglect are attributed to parental behavior patterns rather than to the characteristics of children, there appear to be certain indications

which suggest that particular children are more likely to be abused and neglected.

Age As a Factor: Children under the age of three years seem most often the targets of physical abuse while older children are more often reported as neglected. Adolescents appear to be the victims of sexual assault and emotional neglect.

The Exceptional Child: The particular child in a family who is singled out for abuse is usually viewed by the parent as "different" or special and may be retarded, highly intelligent, hyperactive, or have a birth defect.(8)

Premature Birth: A factor in abuse and neglect may be an inadequate "mother-infant bond," which may be traced to the routine hospital procedures designed to cope with prematurity. Although the immediate postnatal period is critical for forming emotional attachments, premature babies are placed in incubators isolated from human contact. Their mothers are not permitted to hold them, fondle them, or come in close physical or visual contact. This separation of mother and child may contribute to later abuse or neglect.(9) One researcher reports that prematurity is a factor in the infant's level of risk. Other investigators comment that its small size and early stage of physical development may make the premature infant more susceptible to long-term or permanent injuries than a normal term infant.(10)

The chart on Page 8 summarizes the main characteristics of abused and neglected children and the behavior patterns of the child and parent.(11) State and national child abuse report programs and early treatment programs, which have provided access to clients over a considerable period of time, have recently made available research findings which supplement the literature on model treatment and prevention programs. Reports on such research can be valuable in providing suggestions of changes that may result in improved services.

A few examples of recent research add supporting evidence to already-existing beliefs regarding the abusing parent and the maltreated child.

The Relationship Between Child Abuse and Neglect and Later Socially Deviant Behavior:(12) The New York State Assembly Select Committee on Child Abuse, established by the legislature in 1969, published the basic findings of its study, which provides documented evidence that maltreated children or their siblings have a significantly greater likelihood of becoming delinquent or ungovernable. Moreover, delinquent children who had been reported as abused or neglected earlier tend to be more violent than other delinquents. Studies were made from court records of two different groups of children in eight New York counties. One group of 5,136 children from 1,423 families reported to child protection agencies or Children's Court for suspected child abuse and neglect in 1952 or 1953, was traced through court records for later juvenile delinquency or ungovernability cases in the family serious enough to have been reported to the court. The second group of 1,963 children was reported to Family Court or Probation Intake Services as delinquent or ungovernable in 1971 or 1972 and traced backwards for prior involvement of that child in child abuse or neglect cases.

An important factor highlighted in this study was the lack of services provided to most of these children and their families, many of whom needed intensive,

INDICATORS OF CHILD ABUSE AND NEGLECT

CATEGORY	CHILD'S APPEARANCE	CHILD'S BEHAVIOR	CARETAKER'S BEHAVIOR
Physical Abuse	--Bruises and welts (on the face, lips, or mouth; in various stages of healing; on large areas of the torso, back, buttocks, or thighs; in unusual patterns, clustered, or reflective of the instrument used to inflict them; on several different surface areas). --Burns (cigar or cigarette burns; glove or sock-like burns or doughnut shaped burns on the buttocks or genitalia indicative of immersion in hot liquid; rope burns on the arms, legs, neck or torso; patterned burns that show the shape of the item (iron, grill, etc.) used to inflict them). --Fractures (skull, jaw, or nasal fractures; spiral fractures of the long (arm and leg) bones; fractures in various stages of healing; multiple fractures; any fracture in a child under the age of two). --Lacerations and abrasions (to the mouth, lip, gums, or eye; to the external genitalia). --Human bite marks.	--Wary of physical contact with adults. --Apprehensive when other children cry. --Demonstrates extremes in behavior (e.g., extreme aggressiveness or withdrawal). --Seems frightened of parents. --Reports injury by parents.	--Has history of abuse as a child. --Uses harsh discipline inappropriate to child's age, transgression, and condition. --Offers illogical, unconvincing, contradictory, or no explanation of child's injury. --Seems unconcerned about child. --Significantly misperceives child (e.g., sees him as bad, evil, a monster, etc.). --Psychotic or psychopathic. --Misuses alcohol or other drugs. --Attempts to conceal child's injury or to protect identity of person responsible
Neglect	--Consistently dirty, unwashed, hungry, or inappropriately dressed. --Without supervision for extended periods of time or when engaged in dangerous activities. --Constantly tired or listless. --Has unattended physical problems or lacks routine medical care. --Is exploited, overworked, or kept from attending school. --Has been abandoned.	--Is engaging in delinquent acts (e.g., vandalism, drinking, prostitution, drug use, etc.) --Is begging or stealing food. --Rarely attends school.	--Misuses alcohol or other drugs. --Maintains chaotic home life. --Shows evidence of apathy or futility. --Is mentally ill or of diminished intelligence. --Has long-term chronic illnesses. --Has history of neglect as a child.
Sexual Abuse	--Has torn, stained, or bloody underclothing. --Experiences pain or itching in the genital area. --Has bruises or bleeding in external genitalia, vagina, or anal regions. --Has venereal disease. --Has swollen or red cervix, vulva, or perineum. --Has semen around mouth or genitalia or on clothing. --Is pregnant.	--Appears withdrawn or engages in fantasy or infantile behavior. --Has poor peer relationships. --Is unwilling to participate in physical activities. --Is engaging in delinquent acts or runs away. --States he/she has been sexually assaulted by parent/caretaker.	--Extremely protective or jealous of child. --Encourages child to engage in prostitution or sexual acts in the presence of caretaker. --Has been sexually abused as a child. --Is experiencing marital difficulties. --Misuses alcohol or other drugs. --Is frequently absent from the home.
Emotional Maltreatment	--Emotional maltreatment, often less tangible than other forms of child abuse and neglect, can be indicated by behaviors of the child and the caretaker.	--Appears overly compliant, passive, undemanding. --Is extremely aggressive, demanding, or rageful. --Shows overly adaptive behaviors, either inappropriately adult (e.g., parents other children) or inappropriately infantile (e.g., rocks constantly, sucks thumb, is enuretic). --Lags in physical, emotional, and intellectual development. --Attempts suicide.	--Blames or belittles child. --Is cold and rejecting. --Withholds love. --Treats siblings unequally. --Seems unconcerned about child's problems.

long-term help. The only exceptions were the very few families involved in special or experimental programs. Among the report's conclusions: "If we do not help children in trouble, they will grow up to make trouble."

Fragile Families, Troubled Children: The Aftermath of Infant Trauma:[13] University of Pittsburgh faculty members headed a series of research projects funded by the National Institute of Mental Health in the areas of early identification and primary prevention of child abuse.[14] Elizabeth Elmer, Director of Research and Training at the Parental Stress Center and associate professor of psychology in the School of Social Work, has reported on unexpected findings of these studies. This is the first published work dealing with the long-range effect of infant trauma by comparing a group of abused youngsters with those who had suffered accidental injuries, and by comparing both of these groups with a group of children who had not experienced infant trauma.

The abused and accident-injured children were evaluated during infancy, one year later, and then eight years later when they were compared to children who had not experienced infant trauma. Ms. Elmer had hypothesized that the abused children would be distinguishable by an assortment of developmental deficiencies. They were not. The research team found that all the children did poorly on developmental evaluation.

Ms. Elmer cautions against generalizing on the basis of the small sample (17 in each group). After the team carefully reexamined the study design and methodology and found it sound, they tried to interpret its findings. Perhaps child-rearing practices throughout our society as a whole are faulty, employ violence, and lead to developmental difficulties for many children. Or perhaps lower socioeconomic environment, common to most children in the study, has a profound effect on their development. Ms. Elmer reported that incidence studies elsewhere by house-to-house canvassing also found widespread violence.

The study uncovered another factor that may contribute to inadequate child rearing —a widespread lack of knowledge of child development. The mothers in both the accident and abuse infant cases had unrealistic expectations as to infant behavior and maternal disciplining. Many thought babies should know right from wrong at the age of four or five months. Most mothers said that they would hit or bite back if the baby hit or bit the mother, "to teach the baby not to do that." The report suggests that a mass media campaign is needed to acquaint young and potential parents with the basics of child development and the realities of child rearing.

Study of Reported Child Abuse and Neglect:[15] This demographic study used "confirmed" reports of child abuse and neglect in Dutchess County, New York by computerizing reported information. The study is a cooperative effort of the Task Force for Child Protection, the Dutchess County Department of Social Service's Child Protection Unit, and the Family Counseling Service of Dutchess County. The Task Force was organized to stimulate county implementation of the New York State Child Protection Services Act of 1973, which expanded a mandatory report service to include provision of services. Preliminary data clearly indicate that child abuse and neglect is not confined to any one socioeconomic group nor to the cities, but is found in middle income families and in rural areas, as well as in poverty

areas of large cities. Findings also indicate that young mothers are more frequently the abusers of their infants, while fathers are more frequently the abusers of older children.

CHILD ABUSE AND NEGLECT LEGISLATION

Reporting Laws

Reporting statutes of most states, whether criminal or civil, contain purpose clauses. These often describe the need to encourage more complete reporting, to provide for the protection of children, to prevent neglect and/or abuse, to strengthen families and to provide services when needed.(16) Unfortunately, it has been found that in spite of mandatory reporting for physicians, most doctors, especially those in private practice and not connected with public hospitals, are reluctant to report child abuse. This may be attributed to a failure to recognize abuse or uncertainty due to lack of sufficient evidence, as well as a reluctance to become involved in the legal process and to "lose" time in court. Doctors are also concerned about their liability and often have difficulty believing that a particular parent could "do such a thing." Other physicians may believe that protective services fail to provide necessary and adequate services and may only traumatize the family further.(17)

In 1964, the American Medical Association objected to legislation singling out physicians as the only professional group required to report child abuse. The Association stated that such legislation would result in fewer children being brought for medical attention.(18) In 1966, however, the American Academy of Pediatrics supported mandatory reporting legislation for physicians. The majority of child abuse reports now come from inner city, municipal and voluntary hospitals. In New York State, of the 30,990 cases of suspected child abuse reported in 1975, only 353 (1.1%) were reported by private physicians and 2,769 (8.9%) by hospital-based physicians.(19) There is presently a movement to include other professions, both medical and non-medical, including nurses, interns, dentists, teachers, school administrators, social workers and mental health professionals, in mandatory reporting legislation.

As of 1974, all states except Oregon provided some type of immunity for those reporting child abuse or neglect,(20) and thus the threat of legal proceedings which might inhibit reporting has been minimized. In addition, in order to enforce the mandatory reporting statutes, many states make non-reporting subject to criminal penalties, usually classified as misdemeanors, resulting in up to one year in prison and/or fines from $500 to $1,000. However, actual prosecution under such penalty statutes is rare.

In most states, reporting is done by telephone, followed by a written report. The report usually consists of the name and address of the child and parents, the nature and extent of the injuries, the age of the child, evidence of past injuries and identifying information on the perpetrator.(21) Statutes usually provide for reports to be made to the department of welfare, law enforcement officials or juvenile courts. The reports are then kept in a central registry. In 1966, four states had such registries and by 1973, forty-four states had established them.(22) The purpose of the registry is to record prior reports in order to provide information

to help diagnose abuse, to prevent parents from "shopping" for a hospital or doctor in order to avoid detection, and to provide statistical data for the control and prevention of the abuse. However, like most efforts to gather and store data on human behavior, central registries can have dangerous effects. The report itself often carries a stigma of guilt and may result in a "snowballing effect." Although statutes sometimes provide for the expungement of inaccurate or invalid reports, these reports are often not destroyed. It is also very difficult to control use of this information by those who have access to registries.

Neglect and Abuse Statutes

All states have statutes authorizing the court to intervene in the family where it has found a child, usually defined as a person up to 18 years of age, to be neglected and/or abused. However, statutes defining neglect and abuse are often vague and broad and actual practices vary widely among states as well as within states. Current statutes defining neglect and abuse focus on parental behavior such as abandonment, physical abuse, inadequate parenting, sexual abuse, emotional neglect, failure to provide medical care, and immoral or unconventional conduct.(23)

Thirty-three states do not actually define abuse in their statutes. The remaining seventeen state statutes have language that ranges from highly technical and specific to the more general definitions such as "purposeful infliction of physical harm," "failure to maintain reasonable care and treatment," or "creating or allowing to be created a substantial risk of physical injury."(24) Doctors Kempe and Helfer define the abused child as one "who receives non-accidental physical injuries as a result of acts (or omissions) on the part of his parents or guardians."(25) This definition, however, does not include children who may be at risk because a parent's consistent inattentiveness has led to accidental injuries nor does it deal with injuries that may be unconsciously deliberate.

Neglect is an uncertain concept and therefore a neglected, dependent or deprived child is usually defined in general terms. The following are examples of such definitions:

> "Neglected child"...less than eighteen years of age whose physical, mental or emotional condition has been impaired...as a result of the failure of his parents... to exercise a minimum degree of care...(a) in supplying the child with adequate food, clothing, shelter, education (as required by law), medical, dental, optometrical or surgical care, though financially able to do so...(b) in providing the child with proper supervision or guardianship...or who has been abandoned by his parents.
> New York (McKinney's) 1970
> Session Laws Ch. 962, Section 1012 (f)(26)

> "Neglected or dependent child"...a child whose parent... has abandoned him...who lacks proper parental care... whose environment is injurious to his welfare; whose parent...fails or refuses to provide...necessary

> subsistence, education, medical care or any other care necessary for his health, guidance or well being...or who is homeless, without proper parental care...
>
> S.D. Comp. Laws Ann. Section 26-8-1

> "Deprived child"...a child who: (i) is without proper parental care or control, subsistence, education, as required by law, or other care or control necessary for his physical, mental, or emotional health, or morals; or (ii) has been placed for care or adoption in violation of law; or (iii) has been abandoned by his parents, guardian, or other custodian; or (iv) is without a parent, guardian, or legal custodian; or (v) while subject to compulsory school attendance is habitually and without justification truant from school.
>
> Pa. Stat. Ann. tit. 11, Section 50-102[27]

Thus, a parent may be found to have neglected his child if he has failed to adequately clothe and feed him; if the condition of the home is dirty or unsafe; if he fails to provide an adequate education or medical care; or if he leaves his young children unattended or unsupervised for an extended period of time.

Neglect laws have historically been concerned with the moral conduct of parents. Therefore, "aberrant child rearing practices," "immoral homes," "undesirable life-styles" are sometimes included in the definition of neglect.[28] Although the courts have become more liberal in enforcing these aspects of statutes, even today a child may be removed for one of the above-stated reasons. Many statutes, however, specifically exempt spiritual healing from their definitions.

There is presently increasing pressure to include "emotional neglect" within the general definition of neglect. There is data which indicates that children who are emotionally deprived or traumatized often suffer from mental illness or anti-social behavior later in life. Addressing this issue, the New York Joint Legislative Committee Concerning the New York Family Court Act of 1962 wrote:

> All interested persons agreed that parents neglect their children (in a legal sense) when they fail adequately to supply them with food, clothing, shelter, education or medical or surgical care though financially able to do so...The Committee found, however, that interested persons disagreed over the extent to which children whose parents supply the physical needs of life may nevertheless be adjudicated as "neglected children." Some say when a child suffers from "a parental pattern of not satisfying his emotional needs"; still others,

"whenever there is a parental pattern of not properly caring for the child."(29)

Types of parental conduct justifying court intervention on the basis of emotional neglect are extremely difficult to specify. The Child Welfare League of America recommends intervention to protect all children who are "denied normal experiences that produce feelings of being loved, wanted, secure and worthy."(30) In Idaho, the first state to try to define emotional neglect statutorily, the court is given jurisdiction over a minor "whose behavior indicates social or emotional maladjustment."(31) Emotional maladjustment is defined as "the condition of a child who has been denied proper parental love, or adequate affectionate parental association, and who behaves unnaturally and unrealistically in relation to normal situations, objects or other persons."(32) Interpretation of terms like proper parental love and adequate affectionate parental association are subject to the biases, values and prejudices of the reader, i.e., the judge or social worker. As a legal term, emotional neglect is an unwieldy standard which defies objective interpretation.

Not only is emotional neglect difficult to define, the consequences of such neglect often do not immediately develop. Whether the eventual effect of neglect on the child is aggressive, hostile or antisocial behavior, or disturbed thought processes, or emotional inadequacies such as depression, withdrawal, or severe anxiety, the actual manifestations of these symptoms may not occur for many years. Furthermore, diagnosis of emotional neglect in a child and his family requires extensive observation and a great deal of expertise.

Efforts to include maternal deprivation and failure to thrive within the statutory definition of neglect encounter similar problems. It has been shown that maternal deprivation (defined as lack of appropriate external stimuli for extended periods, abnormal interpersonal relationships within a family, severe character disorders in the parent, harsh authoritarianism toward or verbal humiliation of the child) can result in a child's diminished ability to form close relationships, retardation of physical growth, permanent depression of I.Q. and inhibited intellectual capacity, social maladjustment and emotional disturbance. However, it is very difficult to prove the causal relationship between parental actions or omissions and the disturbances that often occur years later.

The perpetrator in most child abuse or neglect cases is found to be the parent. For a number of reasons, the highest incidence of <u>reported</u> abuse and neglect is found among the poor and the disadvantaged. There is every indication that poverty creates severe stress on families and that professionals more readily suspect the poor. In addition, the poor are more likely to come in contact with social agencies and public hospitals and clinics, which are more likely to report child abuse.

The Charts on Pages 14 and 15 provide detailed information on present legislative requirements in each state.(33)

	Federal P.L. 93-24	Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York	North Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia	Wisconsin	Wyoming	Dist. of Columbia	TOTAL
Reportable conditions:																																																				
Nonaccidental physical injury	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	51
Neglect	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	48
Sexual molestation	x	x		x	x	x	x	x	x	x	x	x	x	x			x	x		x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	41
Emotional/ mental injury	x	x		x	x	x	x	x	x	x		x		x			x	x	x	x		x	x		x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	38
Threatened abuse or neglect		x		x			x						x					x	x	x			x					x		x	x		x																		18
Separate definition section, including "abuse" and/ or "neglect"		x	x	x	x	x	x	x	x	x			x	x	x		x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	45
Persons required to report:																																																			
Medical personnel		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	47
Educational personnel		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	42
Day care personnel		x		x	x	x	x	x	x		x	x		x	x	x	x	x	x	x			x	x	x	x			x	x		x	x	x	x	x			x	x	x	x								32
Social service workers		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x			x	x	x	x	42
Law enforcement personnel		x	x	x	x	x		x			x			x	x	x	x	x		x	x	x	x	x	x	x	x		x		x	x	x	x	x		x	x	x	x	x			x	x				32
Any person		x						x	x	x			x		x			x	x			x		x	x			x	x									x		x	x	x									22
Permissive report		x	x		x		x				x	x			x	x				x			x	x				x					x						x						x	x	x	x				22
Form of report:*																																																				
Oral		x		x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	46
Written		x		x	x	x	x	x	x	x	x	x		x		x		x	x	x	x	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x	x			x	x	x	x	x	x	x	x	36
When report must be made:**																																																			
Immediately		x	x	x	x		x	x	x	x	x	x		x	x	x		x	x	x			x	x	x	x					x		x					x		x	x			x	x	x	x	x	x	x	36

*Only required reports are included in the chart. The state may permit other forms of reporting.
**Refers to oral report.

	Federal P.L. 93-24	Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	Florida	Georgia	Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York	North Carolina	North Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	South Carolina	South Dakota	Tennessee	Texas	Utah	Vermont	Virginia	Washington	West Virginia	Wisconsin	Wyoming	Dist. of Columbia	TOTAL
When report must be made:* (cont.) "Promptly," "as soon as possible"	x																																																			10
Longer						x		x				x	x	x			x				x	x	x				x		x																									14
Contents of report																																																					
Present facts		x			x		x	x			x	x		x		x	x	x	x	x	x		x		x			x	x		x	x	x	x																31
Previous abuse		x			x		x				x			x		x	x	x		x	x				x			x	x		x	x	x	x																21
Photos, x-rays				x	x		x			x				x	x	x				x			x						x			x						x													18
Confidentiality of records	x	x	x	x	x		x	x	x	x	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	46
Penalties for failure to report:																																																				
Criminal		x		x	x	x	x	x	x	x	x				x	x	x	x	x	x				x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	36
Civil					x		x								x	x							x										x																			6
Fine only																																					x										x	x				3
Interagency cooperation	x		x		x	x	x	x							x		x						x	x	x	x			x		x				x	x	x		x			x						x	x		25
Reporter and personnel training	x					x	x	x		x					x											x			x			x				x	x			x								x			15
Responsibility for public education	x					x				x					x								x			x						x							x								x				10
Guardian ad litem	x	x		x	x	x	x	x		x	x		x	x	x	x	x		x	x		x	x	x	x	x	x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	45
Temporary protective custody		x		x	x	x	x	x		x			x	x			x		x		x					x					x	x	x	x	x	x			x							x	x	x	x	x		27
Central registry		x	x	x	x	x	x	x	x	x		x	x	x		x	x		x		x	x	x		x	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x		x		39
Abrogation of privileged communications		x	x	x	x		x		x	x		x		x		x	x		x		x		x	x				x	x		x	x	x	x	x	x	x		x	x	x	x		x	x	x	x	x	x	x	33

*Refers to oral report

This information covers the legal provisions or requirements in child abuse and neglect reporting state been developed to cover elements not specifically mandated by the laws in those states, particularly statutes and the federal P.L. 93-247 as of November 1976. In some states internal procedures have the central registry.

Adjudicatory Process

The adjudicatory process is begun by a report made to the police, juvenile court or child welfare agency. The complaint must then be investigated by a social welfare agency within a period sometimes specified by statute. If the charges are found to be valid, the agency may either file a petition in court or attempt to work with the family. Alternatives to court action are often "voluntary" placement of the child, referrals for therapy or counseling or services in the home. If the agency decides to "petition" the court, the court, in some states, orders its own social work or probation staff to investigate the home situation. In other cases it relies on the recommendations of the petitioning agency. In cases of emergency, the children may be removed pending adjudication. However, few states place limits on the length of time allowed for temporary care. More than half of the states provide for informal hearings.

The rights of the parties in the proceedings are often specified by statute. As of 1974, thirty-five jurisdictions mentioned the "right to appointed counsel," while eight states provide for counsel without clear provision for appointed counsel.(34) Eleven jurisdictions were silent on the question of counsel.(35) Thirty-six jurisdictions that specify a right to counsel extend it to all parties.(36) A small minority of jurisdictions require the appointment of guardians ad litem for the children involved.(37) Fifteen state statutes stipulate the right to cross-examination and to present witnesses. However, most statutes provide for the waiver of certain confidential privileges such as those involving doctor-patient, husband-wife, social worker-client relationships. About one-half of the jurisdictions specify standards of proof, requiring either clear and convincing evidence or a preponderance of the evidence.

Once the court finds the petition alleging neglect or abuse by the parent to be true, it has two options. It can either remove the child from the home and place him in a foster home, home of a relative, group home, or institution, or it can leave the child at home under some type of supervision. If the child is at home, the court can order a variety of services, including therapy, drug or alcohol abuse treatment, or homemaker or visiting nurse service. When a child is removed he is usually committed to an agency or welfare department for appropriate placement. Types of placements vary from state to state. For example, in Utah, 99.7% of the children in foster care are in foster family homes, in contrast to Nebraska, which utilizes institutions for 50% of its children in placement.(38) Few statutes, however, provide specific guidelines for making dispositional decisions. Although a few statutes specify a preference for leaving children at home, most speak simply in terms of the "best interest" of the child. A report with a recommendation is generally submitted to the court either by probation/intake officers or a public welfare agency. This report is usually accepted without much discussion. In most states, when a child is placed out of his home the court learns nothing about the appropriateness of the placement after the disposition.

Although parents retain a limited number of rights regarding their child's care, states do not statutorily provide specific standards for determining when a child is to be returned to his parents. Twenty-four states provide no standard at all. Fifteen states provide that foster care continue as long as it is in the "best interest" of the child.(39) Thus, in practice, the agency supervising the child determines if and when the child is to be returned to the parent.

Only eighteen states require some kind of periodic court review of the status of children in care.(40) Review occurs in the remaining states only if requested by the parents. Only two states, New York and South Carolina, provide for regular review with the stated purpose of returning the child home or freeing him for adoption.(41) Unfortunately, there are few provisions for meaningful review, and limited efforts by the agencies to return children home have, in most states, resulted in children remaining in foster care for long periods of time.

Removal of a child can sometimes place him in a more detrimental situation than the one from which he came. Interference with parental bonds is, in itself, extremely painful for the child, and children often view foster placement as punishment for something they did wrong. Institutional placement does not allow a child to make permanent attachments, but it is difficult to find well-qualified foster parents. Once removed from the home, children are often moved from one foster home or institution to another. They often fail to mature emotionally. They are reluctant to make the psychological investments necessary for normal development, for fear that the ties they attempt to form may be severed at any time.

Every state has some statute dealing with termination of parental rights and the freeing of children for adoption. The issue may arise in the disposition phase of a neglect proceeding, in an adoption proceeding or as a separate proceeding where the only issue is complete and permanent severance of the parents' rights over the child. Only twelve states may order termination at the disposition stage of a neglect or abuse hearing.(42) The most common grounds at that stage are abandonment, repeated neglect, inability to care for the child due to mental illness or deficiency, or "best interest of the child."

At adoption proceedings, consent is generally necessary, although all state laws make exceptions. The most common ground for dispensing with consent is abandonment, which is often defined as failure to provide economic support or to visit with the child. Some states require willful failure on the part of the parent, others do not.

Twenty-one states require a special proceeding to terminate parental rights. In those cases, expecially when a child is with a child-care agency, the grounds specified are: failure by the parent to contribute to the support of the child, failure to maintain contact with the child, or parental moral unfitness. Often the agency is required to show some prior effort to facilitate the parent-child relationship.

Writing in 1965, Judge Justine Wise Polier indicated a glaring inconsistency in our handling of child abuse and neglect cases which warrant removal of the child from the home, when she observed that:

> "Mothers in the Aid to Families with Dependent Children (AFDC) Program received on the average less than one dollar a day for each child. If we find the home inadequate, that the mother is unable to cope with the problems of so many children, we remove the child to the home of a stranger or a series of strangers, paying from public funds up to seven dollars a day for the child's care. If the child is

removed to an institution, the institution is paid up to fourteen dollars a day. Finally, if the child becomes emotionally disturbed, payments from public funds may range from ten to twenty-five dollars a day. Thus, the further the child is removed from the family, the more we are ready to pay for his support."(43)

Unfortunately, not very much has changed since 1965 except the cost of foster care, which has doubled or tripled in most areas of the country. The one ray of hope is the availability of subsidized adoption in some states, making it possible for more families to afford adoption and removing some of the monetary incentive to keeping children in foster care. For natural families and their children, however, there are few encouraging signs. Preventive services, diagnostic and treatment programs, and educational resources are still scarce. Long-term foster care, during which a child is shuttled from a foster care home to an institution and to another foster care home, is still a reality for many of today's abused and neglected children.

Preparation for Legislative Action

The previous discussion of legal issues provides a framework to analyze state legislative efforts. In addition, several organizations have developed guidelines for model legislation and systems for child abuse programs. These are complex models, too lengthy to reprint here. We recommend that if your state is preparing for new legislation, your Section and State Public Affairs committee should obtain and study these three monographs.

Child Abuse Intervention: A Prescriptive Package

National Institute of Law Enforcement and Criminal Justice
U.S. Department of Justice
For sale by U.S. Government Printing Office
Washington, D.C. 20402 - Price $3.50
Stock #027-000-00387-7

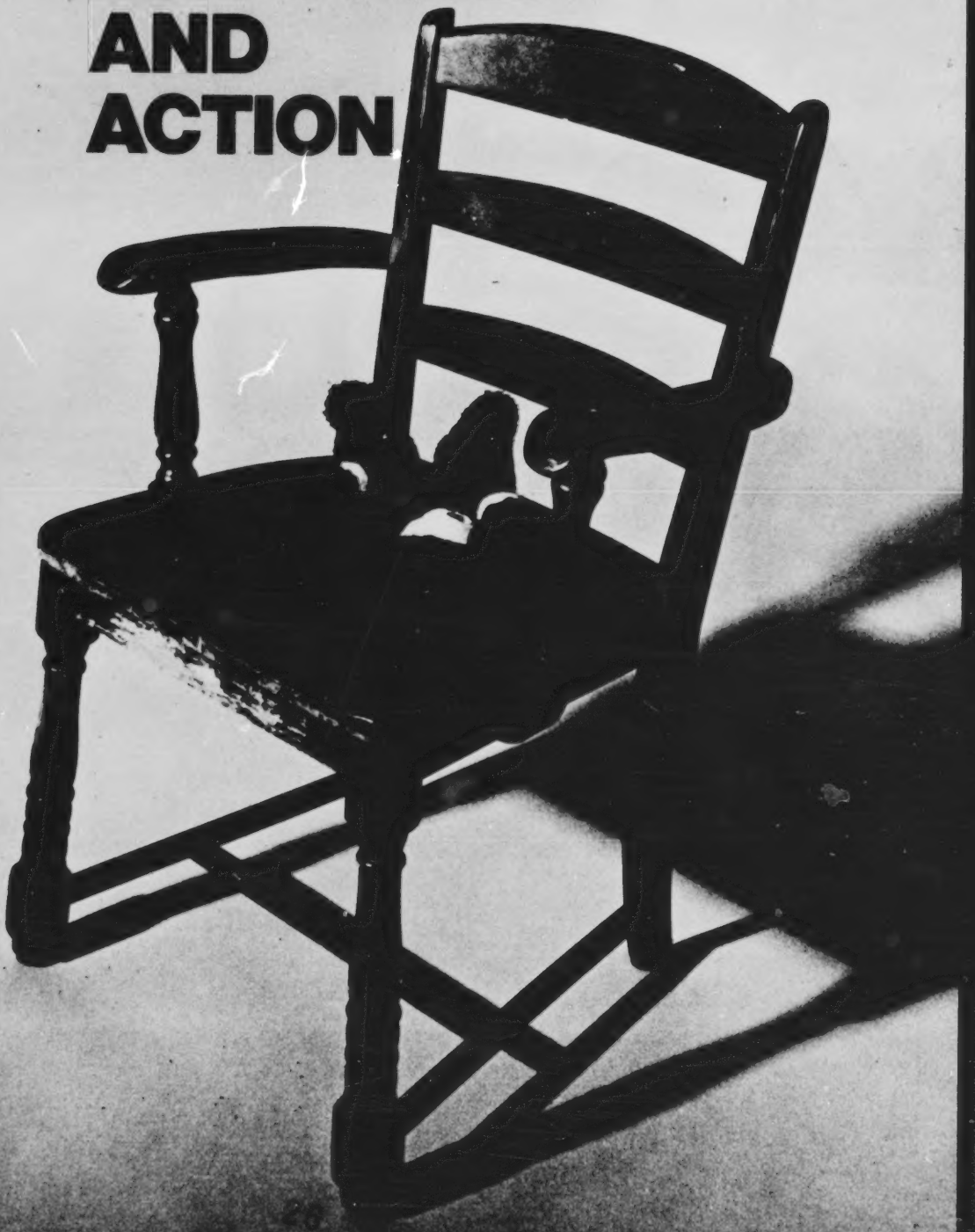
Standards Relating to Abuse and Neglect

Juvenile Justice Standards Project
Institute of Judicial Administration/American Bar Association
40 Washington Square
New York, New York 10012

Report of the Advisory Committee to the Administrator on Standards for the Administration of Juvenile Justice, September 30, 1976

Law Enforcement Assistance Administration
National Institute for Juvenile Justice and Delinquency Prevention
633 Indiana Avenue
Washington, D.C. 20004

GUIDELINES FOR STUDY AND ACTION



GUIDELINES FOR STUDY AND ACTION

The purposes of a child abuse and neglect program are threefold:

1. To detect and report suspected child abuse and neglect.

2. To provide appropriate services to abused and neglected children and their families that will help parents change their behavior while protecting the child.

3. To develop a support system that will help prevent abuse and neglect.

No program is complete that does not take into account all three aspects of child abuse and neglect programming, but in a balanced program each aspect complements and reinforces the others. With this in mind, a Section that is working to improve the implementation of reporting laws should take into consideration the type of treatment families and children will receive once the reporting is accomplished. Will prompt action be taken to investigate the report and determine whether it is founded or unfounded? Will supportive services be offered in the form of family and/or individual counseling, homemaker services, or day care planning? Will these services to the family and child be evaluated on a regular basis so there is accountability by service providers? Is there a published number to call for immediate, crisis help? Is there a shelter facility available for emergency placement of an endangered child at the request of the family or an outside source? Is there a self-help group like Parents Anonymous that publicizes its meetings and a phone number for parents to call?

Detection and reporting by persons outside the parent-child situation cannot be an answer to the child abuse and neglect problem. Comparatively few cases are visible to an outsider, and only some of these will be reported and substantiated upon investigation. Therefore, though the Section may address itself to informing professionals (doctors, social workers, teachers, day care personnel) of their reporting responsibilities, a primary audience that must not be forgotten is the families themselves. Our experience indicates that when services are available, people in need will take advantage of them.

The particular project which you select in order to launch a program around child abuse and neglect will depend on the current level of activity in your Section in this and other areas. If your Section has not previously been involved in child abuse and neglect, we would suggest that you consider organizing a Study Group which will have as its culminating action the formation of a committee to recommend further activities and projects for the Section.

If your Section is presently involved in projects relating to child maltreatment, you should review the ideas presented in this chapter and determine which would constitute a logical next step for your group. If your Section has done a good deal of work in this area, you may want to analyze your current and past activities and determine if there are any areas which you have omitted.

ORGANIZING A STUDY GROUP

An excellent way to introduce the problem of child maltreatment to your Section membership is through a Study Group. The Study Group can provide an opportunity for NCJW women to exchange ideas and reactions to selected materials and to consider various facets of the problem in depth.

You might consider developing a series of three to five meetings at which selected topics can be considered. Reading materials, films and local experts in the field can be utilized to provide a basis for each discussion, or to lead the group into the consideration of one aspect of child abuse and neglect.

At the outset, your Study Group will want to read about and thoroughly discuss current issues in child abuse and neglect. Then you can begin to intelligently question local practitioners and decide how best to assess local needs and develop a meaningful program for your community.

An outline for a four-session Study Group with recommended reading materials and additional resources is provided below.

SESSION I - An Introduction to Child Abuse and Neglect

The first meeting of the Study Group is designed to introduce the topic and to provide members with background information on child abuse and neglect. Reading material for this meeting might include Plain Talk About Child Abuse, which contains six articles on child abuse from The Denver Post (order from The American Humane Association, Children's Division, P.O. Box 1266, Denver, Colorado 80201, at $.35 per copy); and Children Today, Vol. 4, No. 3, May-June, 1975, published by the Children's Bureau, Office of Child Development. This issue is devoted entirely to child abuse and neglect, and is extremely well written and informative (order from The Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402).

SESSION II - The Battered Child and Neglected Children

This meeting might focus on the abused and neglected child and family. Reading materials might include Helping the Battered Child and His Family, by Dr. Ray E. Helfer and Dr. C. Henry Kempe, who are experts in the field of child maltreatment. The book is a collection of writings on various aspects of child abuse and treatment. An alternative volume which these authors also edited is The Battered Child. Profile of Neglect, A Survey of the State of Knowledge of Child Neglect, by Polansky, Polansky and Halley, is also an excellent work which defines and explores child neglect by tracing causes, identification, treatment and prevention of neglect.

You may want to utilize one or more of the films listed in the Appendix for this meeting. The Battered Child might be a fine companion film for the book of the same name, since the film is based on the work of Drs. Helfer and Kempe.

SESSION III - The Problem and Its Management

At this third meeting, you might begin to review proposed solutions to the problem of child abuse and neglect. Two HEW publications could provide valuable reading in this area—Child Abuse and Neglect: The Problem and Its Management, Vol. 1 and Vol. 3, present an overview of the problem and propose a community team approach to cure, management and prevention (order from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, at $1.50 for Volume 1 and $2.60 for Volume 3).

At this point you may want to invite a local expert on child abuse and neglect to speak or to lead a discussion on one aspect of child maltreatment and protection.

SESSION IV - Designing a Community Program

At this final meeting, you will want to begin to review legislative and regulatory practices in your community and determine what next steps your Section should take. Reporting Child Abuse and Neglect: Guidelines to Legislation, by Alan Sussman and Stephen J. Cohen, can be helpful in this area since it examines neglect and reporting laws, and offers guidelines for model legislation.

You may want to have a speaker at this meeting who can discuss the "state of the art" in your community and suggest possible areas of concern which need attention.

Be sure that you have a clear idea of how you plan to proceed before you adjourn this meeting, and that a committee has been selected which will design a Section program in child abuse and neglect.

LAUNCHING A PUBLIC INFORMATION CAMPAIGN

Although the fifty states have child abuse and neglect reporting legislation, the public is largely uninformed of its existence and its requirements. To narrow the gap between the law and the public's knowledge of it, a public information campaign should be launched in each community. Such a campaign should define the nature and proportions of the problem, detail child abuse and neglect reporting laws and their provisions, and recruit the public's cooperation in reporting alleged instances of child abuse and neglect.

The effects of public education can be dramatic. In Florida, for example, although a statewide hotline was in existence, only 200 alleged cases of child abuse were reported in one year. After the first year of an intensive information campaign, however, 19,000 cases of suspected abuse and neglect were recorded. As in most states, the Florida statute mandates reporting by certain professionals. Yet some reports were received from neighbors, relatives, parents, police, social workers and schools, while few reports were registered by doctors and other medical personnel.

In New Jersey, following the passage of child abuse and maltreatment reporting legislation, a study was made to ascertain the effectiveness of such provisions. Of the forty-four municipal police departments surveyed, nearly one-half were unaware of

the new child abuse reporting law. Of physicians contacted, most of those available for interview were unaware of the new law and its mandated procedures.

Recognizing that laws and services are not sufficient. NCJW Sections have a role to play in increasing public awareness of the existence of the problem and in the development of an understanding of the responsibilities the community must assume if child abuse and neglect are to be acknowledged and handled appropriately.

There are many approaches to a public information campaign on child maltreatment. We would suggest that you consider organizing several meetings designed to acquaint different audiences with the problem, and gradually moving toward the time when a project can be developed, a speakers bureau formed, or a community coalition for child protection organized.

Child abuse and neglect are everyone's problem, but the responsibilities of different members of the community vary widely. The public at large should be made aware of the problem and encouraged to report cases of child abuse and neglect, and should be recruited to improve services. Professionals and others in the community who are mandated by law to report suspected child maltreatment and to deal with parents and children need more detailed, sophisticated information. Community education programs on the problems of abuse and neglect may address a general, mixed audience of professionals and laypersons, or be aimed at ensuring reporting by particular professional groups. Experience indicates that the more specific the information and guidelines you give to people, the more likely they will be to grasp their responsibility and follow through. A general presentation, while introducing the issue to a group, will not provide the precise "handle" needed to define its relationship to the problem.

At any meeting, no matter how general or specific, an introduction should include an overview of child abuse and neglect, with a definition of the problem, a brief review of your local laws, an indication of the extent of the problem in your community, county or state, and NCJW's commitment to informing the community and advocating adequate rehabilitative and preventive services.

If you have more than one speaker or a panel, guests should be introduced prior to the meeting in order to give them a chance to exchange ideas on what they plan to say at the meeting. This will help them "dovetail" their presentations, and will give you a chance to provide a focus for your meeting.

You should also consider contacting your Child Protective Services Agency in advance of your meeting. In many states, one of the responsibilities of the Child Protective Service is public awareness and education. Ask that a representative join you at the meeting. You may wish to put him/her on the panel, or simply ask that a Child Protective Service representative act as a resource person or be present at the meeting. It is essential that when questions arise about reporting requirements and follow-up procedures, a knowledgeable representative of the agency responsible under the law be available to provide answers and interpret policy. Most Child Protective Services also have brochures of their services, and these should be provided to the participants. Ideas for the planning of a General Information Meeting, designed for NCJW members and the public at large, and Professional Awareness Meetings, for professionals in the field, are outlined below.

GENERAL INFORMATION MEETING

Several NCJW Sections have introduced the topics of child abuse and neglect to their membership and the larger community through general meetings, workshops or seminars. This is the most general type of meeting, which may be sponsored solely by the Section, or, preferably, in the interests of broader community involvement, co-sponsored with another organization or agency. Some possible co-sponsors which might be considered are:

- Civic groups, like the Association of Junior Leagues, or the YWCA
- A local hospital or medical clinic that offers services to parents and children
- A medical school, social work school, university or college department of psychology, sociology or child development
- Your state or county Child Protective Services Agency, the Department of Social Services, child welfare or youth and family services
- A family agency, such as an affiliate of the Child Welfare League of America or the Family Service Association
- A self-help group that serves parents and/or children, such as Parents Anonymous or a local "rap" group
- A drop-in center, hotline, crisis intervention center or other service developed especially for the family involved in child maltreatment

You may choose to use a speaker or a panel of speakers, or to have a speaker reacting to a film on child maltreatment. In either case, since child abuse and neglect are provocative, troubling subjects, be sure to plan your meeting so that there is ample time for questions and answers. If you are hoping to use this meeting to motivate NCJW members or others in the community to develop a project such as a speakers bureau, be sure to make this clear at the outset of the meeting and to provide time during the meeting (perhaps during a coffee break) for people to sign up for a follow-up meeting.

Possible themes for a General Information Meeting which you might consider are:

- Child Abuse and Neglect—Does Our Community Have a Problem?
- Detecting Child Maltreatment—Who Sees It? Is It Reported?
- Preventing Child Maltreatment—Are Services Available in Our Community?
- Reporting Child Abuse—What Is Your Responsibility?

Although the general purpose of the meeting may be community education, a unifying theme will be helpful to your panelists in planning coherent presentations, and to your audience, who will be attempting to comprehend a complex and volatile topic. Be absolutely sure that you select a theme and that all participants have a clear idea of what it is, exactly where you are leading them and what outcome you expect from the meeting.

Helpful resources for a speaker or a panel would be:

- * The director, or another representative, of the Child Protection Agency in your city, county, or state. This may be an agency that works entirely on problems of abuse and neglect, or an office within a Department of Child Welfare, Department of Social Services or Department of Youth and Family Services

- * A regional staff person or local representative of Parents Anonymous, or another established self-help group for parents concerned with changing their parenting behavior

- * A pediatrician or family doctor, especially someone who has been active locally in child abuse and neglect prevention and treatment. Consider inviting a doctor who consults for a local hotline or crisis intervention center, an emergency room physician, a child psychiatrist or a professor of pediatrics or other related field from a local medical school

- * A representative of your local homemaker or home health aides agency, or a representative from the visiting public health nurses

- * A representative from Juvenile or Family Court who has been involved in work with abused and neglected children and their families

- * A representative from your local police department, who has had some experience intervening on behalf of the safety of youngsters, mediating family disputes, and making referrals to social service or child protection agencies

- * A representative from a preventive education program, drop-in center, or other treatment program at a social agency or hospital

Speakers on a general information program, either for your Section or the community at large, should convey a sense of the breadth of the problem both locally and nationally, and deal with local procedures for reporting and follow-up as well as rehabilitation services available to the parent and child involved in maltreatment. You will probably also want to consider what should be included in a model service delivery system.

Your moderator should be an NCJW woman, who brings to the meeting NCJW's perspective on child abuse and neglect—a perspective which indicates that these are problems

the community must face, that a punitive approach only deters parents from acknowledging their problems, and that with the proper services, most parents can be helped so that families may remain together. In addition, your moderator should have an overview of agencies involved in child abuse and neglect in your community, and some idea of the extent of child abuse and neglect reported locally. This information may be obtained from your local Child Protection Service Agency or Child Welfare Department.

There are two films on child abuse that you might consider using at a General Information Meeting. They are: Children in Peril, an ABC documentary that gives an overview of child maltreatment; and Child Abuse: The Battered Child, an educational television documentary highlighting treatment of the child and parent involved in this problem. Refer to the Bibliography of this manual for information on how you can order these films.

No matter what the theme of your meeting, it is always helpful to ask each of the speakers to follow his or her presentation on what services currently exist with some idea of what should ideally exist in the community—that is, the "gaps" in service to children and their families. Even the most general meeting should leave the audience with a sense of what must be done to adequately provide treatment and preventive services in the areas of child abuse and maltreatment.

If the goal is to involve individuals in an ongoing advocacy or service program, expectations need to be spelled out clearly, and information and applications made available.

PROFESSIONAL AWARENESS MEETING

Two rules of thumb may be helpful in planning a meeting for a particular professional group. First, try to plan the meeting with a representative of the group: for example, a doctor or nurse, if the audience is a medical one; a police officer if you are trying to reach law enforcement people; a teacher or guidance counselor if you are addressing a group of educators; a social worker if you are approaching a social work or day care audience, and so forth. Your contact person within the group will be better able to direct the message to the concerns of that profession on the basis of his or her own experience in the field. If, in addition to acting as a resource for your preparation, your contact is willing to participate in the presentation, all the better, since you will probably be able to establish rapport with the group more quickly.

Secondly, when you plan an educational meeting directed at motivating a professional group to accept its mandated or ethical responsibility to report abuse and neglect, don't fail to discuss the difficulties and stumbling blocks that professionals will experience. Here again, a member of the profession can provide valuable support. Each professional group needs to know that you understand the circumstances which surround involvement, including the difficulties in establishing whether or not neglect and abuse have occurred. Deal with issues such as whether the day care teacher will lose contact with the child and family if she reports abuse or neglect to the Child Protective Service Agency, or whether reporting a patient as suffering

from abuse or neglect may affect the reputation of the family doctor or pediatrician. These difficult and often hidden concerns are too often not dealt with at educational meetings on child abuse and neglect reporting. Unless they are placed on the agenda and considered, they will be obstacles to full communication between you and your audience.

Suggested topics and ideas for organizing Professional Awareness Meetings are outlined below:

The Law and Its Implementation

This meeting should be based on the current law in your state. Try to have sufficient copies of the existing laws and regulations to circulate to participants at the meeting. If the law is too lengthy or difficult to understand, you may want to write and distribute a detailed summary of the law, or attach an interpretation to the law.

After an introduction by your NCJW moderator, your first speaker should describe the essence of local legislation, including definitions of child abuse and neglect or maltreatment, the reporting requirements and protections accorded those who report alleged maltreatment, and the legal consequences of failure to report. Appropriate speakers for this topic would include a legislator who sponsored the law, a representative from the Child Protective Services Agency, or a local child protection agency involved in reporting or investigating abuse and neglect cases, a representative from your state Attorney General's office, or a local legislator concerned with child welfare.

Some state laws include procedures to be followed after an instance of alleged child maltreatment is reported. If your law does so, this should be explained. If not, a representative from the agency that investigates reports of abuse and neglect and evaluates the needs of families should be present to explain such procedures. This speaker can also deal with the timing of investigation and follow-up procedures. If there is a central registry of child abuse and neglect, it should be explained, as well as provisions for confidentiality of data registered, protection of the rights of parents, and provisions for correcting reports registered if, on investigation, they are determined to be "unfounded."

It would be helpful to include in any legislative discussion the types of services presumed necessary for the child protective system in your state to be effective in treating and preventing child abuse and neglect.

Detection of Child Maltreatment

You may want to orient this type of meeting to detection within a particular field—law enforcement, education, medicine—or to the general problem of detecting abuse and neglect and taking steps to report it. Ideas for organizing each of these meetings are presented below.

Education

Following an introduction by your NCJW moderator, indicate briefly that teachers and other school personnel spend more time with youngsters than any other people (other than parents), and often observe both blatant and subtle signs that a child is maltreated. Panelists for this meeting may include teachers from day care centers, preschools or nurseries; elementary or high school teachers; "rap counselors"; school social workers, psychologists or psychiatrists; or school nurses. These speakers should be asked how they view the problem of child maltreatment, how it comes to their attention, what they do about it, and what is needed in the community that would help alleviate or prevent the problem.

Medicine

Once again, your NCJW moderator sets the tone for the meeting with her introduction, this time noting that medical personnel in a variety of settings see signs of abuse and neglect and are called upon to verify whether or not a child has been damaged. Panelists for this meeting may include:

- Pediatricians and family doctors
- Dentists, who often notice head injuries in their work with children
- Nurses, both in hospitals and emergency services, and visiting public health nurses
- Emergency room personnel
- Any medical personnel acting as part of a team working with your local Child Protective Services Agency
- Social work personnel from a local hospital

Medical people should be asked about their experiences with the problems of child maltreatment—where they have encountered injured or endangered children, what they have done about it. Their mandated reporting procedures should be discussed, as well as the difficulties they encounter in the reporting process and subsequent court hearings. They should be asked about the kinds of services they would like to see available to families and children involved in maltreatment, and review medical and social indications of child abuse and neglect.

Law Enforcement

Police officers are often the first to learn of a case of child abuse or neglect through a neighbor or relative seeking emergency intervention on behalf of an endangered child. Police encounter the very delicate situation of determining whether or not a child should be taken into protective custody. They are interested in discussing and determining criteria and guidelines and procedures they should follow. Panelists for this meeting may include:

- Juvenile or regular police officers
- Juvenile or Family Court personnel—probation officers, a Juvenile Court judge, social workers
- Shelter personnel, or other staff involved in the emergency placement of abused or neglected children

Self-Reporting

Where hotlines or crisis intervention services are available, many parents call for help on their own behalf. If there are services of this sort in your community, they are an excellent source of information about the problems of child abuse and neglect and the needs of parents seeking assistance. An important reason to include self-reporting in your presentations on detection is the need to educate the public that parents who abuse their children have problems. Although their neglectful behavior cannot be condoned, most parents can be helped to change their behavior, to "learn" parenting. In most cases, treatment, not punishment, is the answer. Panelists in this meeting may include:

- A representative (organizer or member) of Parents Anonymous
- Staff or volunteers from the local reporting or crisis intervention hotline
- Clergy, social workers or homemakers involved in a self-help treatment program

SPEAKERS BUREAU

A natural outgrowth of these general informational meetings for the public and for professionals is a Speakers Bureau. Your Section should consider training members to speak at local meetings of community groups, neighborhood organizations and agencies involved in child abuse and neglect. A training program can be designed and carried out with the assistance of professionals currently working in your community.

Your Speakers Bureau should also include the names of experts on particular aspects of child abuse who are available to address groups and lead discussions.

Slide presentations and written materials can be developed for use by volunteers who are members of the Speakers Bureau. The development of materials of this type can provide an excellent mechanism for bringing volunteers together in a common effort, and can help to ensure that speakers present a common message to the community.

At the outset, volunteers may feel more comfortable if they accompany a professional and assist at the meeting by offering NCJW's perspectives on the problem of child abuse and neglect.

IN THE NCJW SECTIONS...

SOUTH COOK, ILL.

THIS SECTION HELD A FOUR-PART SEMINAR ON CHILD ABUSE, DEALING WITH THE PROBLEM IN THE TOTAL COMMUNITY BY EXAMINING HOW WE SUBCONSCIOUSLY ABUSE OUR OWN CHILDREN EMOTIONALLY. THEY SHOWED THE FILM, CHILDREN IN PERIL, AND HAD A PANEL OF PROFESSIONALS REACT TO THE FILM.

GREENSBORO, N.C.

THIS SECTION PROVIDES EDUCATIONAL SERVICES IN THE FORM OF A CHILD ABUSE SPEAKERS BUREAU. UNDER THE AUSPICES OF THE FAMILY LIFE COUNCIL, A UNITED WAY AGENCY, THE MEMBERS OF THE SPEAKERS BUREAU TALK TO LOCAL LAY ORGANIZATIONS AND GROUPS ON CHILD ABUSE. ALL OF THE MEMBERS OF THE SPEAKERS BUREAU ARE NCJW MEMBERS WHO HAVE UNDERGONE EXTENSIVE TRAINING WITH PROFESSIONALS IN THE AREAS OF MEDICINE, LAW AND SOCIAL WORK. IN ONE YEAR OF EXISTENCE, THE SPEAKERS BUREAU HAS GREATLY BROADENED THE SCOPE OF AWARENESS IN THE AREA OF CHILD ABUSE IN THIS COMMUNITY.

ROCHESTER, N.Y.

THE SECTION DEVELOPED A SLIDE AND TAPE PRESENTATION TO HELP TEACHERS IN THE IDENTIFICATION AND REPORTING OF SUSPECTED CHILD ABUSE AND NEGLECT. VOLUNTEERS EDITED THE SHOW AND PRODUCED A PAMPHLET TO DISTRIBUTE TO TEACHERS, ADMINISTRATIVE CASE WORKERS FROM THE CHILD PROTECTIVE SERVICES AND MENTAL HEALTH WORKERS. IN ADDITION, THEY DEVELOPED A TRAINING SESSION. THE VOLUNTEERS TRAVEL TO SCHOOLS TO PRESENT THE SLIDE SHOW AND LEAD DISCUSSIONS. THE SECTION CONTRIBUTED $370.00 FOR THE SLIDE SHOW, PROJECTOR AND THE PAMPHLET.

DENVER, COLO.

THE SECTION HAS DEVELOPED AN EDUCATION PROGRAM ON CHILD ABUSE WHICH IS PRESENTED IN THE DENVER SCHOOL SYSTEM. TRAINED VOLUNTEERS FACILITATE GROUP DISCUSSIONS FOLLOWING THE PRESENTATIONS OF PROFESSIONAL SPEAKERS. SECTION MEMBERS HAVE BEEN APPOINTED TO THE COLORADO COMMISSION ON CHILDREN AND FAMILY WHICH RECOMMENDS POLICY ON CHILD ABUSE PROGRAMS.

STAMFORD, CONN.

THIS SECTION ORGANIZED A PROGRAM CALLED "CAPE" (CHILD ABUSE PREVENTION EDUCATION) IN COALITION WITH THE JUNIOR LEAGUE OF STAMFORD-NORWALK, INC., AND THE STAMFORD HOSPITAL AUXILIARY. THEY HAVE ESTABLISHED EDUCATIONAL PANELS ADDRESSING THEMSELVES

STAMFORD, CONN., (Cont'd)

TO THE MEDICAL, LEGAL AND SOCIAL SERVICE ASPECTS OF CHILD ABUSE. IN ADDITION TO SPEAKING ENGAGEMENTS, THEY HAVE BEEN EDUCATING THE PUBLIC THROUGH PUBLICITY IN THE NEWSPAPERS, PARTICIPATION ON TWO RADIO TALK SHOWS, AND THE CIRCULATION OF 5,000 "CAPE" BROCHURES, WHICH EXPLAIN CHILD ABUSE AND GIVE THE PHONE NUMBERS FOR REPORTING AN INCIDENT.

COLUMBUS, OHIO

THIS SECTION HELD A TASK FORCE IN COALITION WITH THE JUNIOR LEAGUE UNDER THE AUSPICES OF THE SOCIAL SERVICES DEPARTMENT OF CHILDREN'S HOSPITAL. AS AN OUTGROWTH OF THIS PROGRAM, A SPEAKERS BUREAU HAS BEEN FORMED, AND MEMBERS OF THE TASK FORCE GO OUT INTO THE COMMUNITY WITH SLIDE PRESENTATIONS.

RICHMOND, VA.

THIS SECTION FUNDED A LEGISLATIVE BREAKFAST DURING A STATEWIDE SYMPOSIUM ON CHILD ABUSE AND NEGLECT, WITH A SPEAKER FROM THE HEW CENTER FOR CHILD ADVOCACY.

TAKING A COMMUNITY SURVEY

In a field that involves detection, reporting, investigation, treatment, and monitoring of services, virtually every case involves more than one agency and more than one professional perspective. A survey of the agencies involved in each aspect of the process of child protection can provide NCJW with an overview of child protection that would be useful to each individual service provider, as well as to the agencies involved in reporting, detection and investigation. Several NCJW Sections have already begun to survey their communities for procedures followed and services rendered in child maltreatment cases. Such efforts may result in new community awareness of services through publication of a directory or the development of policy positions on the basis of findings.

Two different types of surveys are included in this manual. The first, adapted from a Junior League Survey, includes questions about procedures followed in detection, reporting and investigation of alleged abuse and neglect. Four types of agencies are singled out: hospitals, law enforcement, attorney general or prosecutor, and the state youth serving agency or department within child welfare that processes child abuse and neglect reports and provides protective services. The purpose of this type of survey is to determine the extent of the reported child maltreatment problem in your community, the nature of each agency's involvement and procedures followed, the extent of follow-up of cases investigated, and problems in the child protection system in your state as seen by these agencies and by your Section after analysis of your survey findings.

The second type of survey focuses on services available to abused and neglected children and their families in your community. We are fortunate in this case to have an excellent model questionnaire developed by the Denver Section of NCJW in cooperation with the Metropolitan Child Protection Council in Denver. With this survey, a Section may investigate the nature of available services, the terms on which they are made available, and the problems in child protection as seen by service providers that are surveyed, including preschool and day care, crisis intervention, medical, counseling, diagnostic, child care, educational and legal services.

Feel free to use either or both of these surveys as they are presented here or to alter or edit them for local use as you see fit.

SURVEY OF COMMUNITY CHILD ABUSE AND NEGLECT

REPORTING AND CASE MANAGEMENT PRACTICES

NAME OF RESPONDENT: _____ DATE: _____

TITLE OR POSITION: _____ ORGANIZATION: _____

ADDRESS: _____ TELEPHONE: _____

INTERVIEWER'S NAME: _____

TYPE OF FACILITY:

HOSPITAL: Private ( ) City ( ) County ( ) State ( )

CLINIC: Hospital Affiliated ( ) Non-Hospital Affiliated ( )

PRIVATE PHYSICIAN'S OFFICE ( )

SCHOOL ( ) COURT ( )

OTHER (SPECIFY): _____

GEOGRAPHIC AREA SERVED: _____

_____

Hello, I'm _____ from the National Council of Jewish Women. (EXPLAIN PURPOSE OF INTERVIEW IF THIS WAS NOT DONE WHEN MAKING THE APPOINTMENT.)

1. I'd like to begin with a few questions about your assessment of the child abuse situation in _____ (NAME CITY, TOWN). First of all, definitions of child abuse and neglect vary. What does the term child abuse mean to you?

_____

_____

_____

_____

2. What about neglect? What does neglect mean to you?

_____

_____

_____

_____

3. Would you say that child abuse in _____ (NAME CITY, TOWN) is....?

Very frequent..... 1
Fairly frequent..... 2
Fairly infrequent..... 3
Very infrequent..... 4

4. What about neglect? Would you say that child neglect in_____ (NAME CITY, TOWN) is....?

Very frequent..... 1
Fairly frequent..... 2
Fairly infrequent..... 3
Very infrequent..... 4

5. Approximately how many cases of child abuse and neglect were reported in _____ (NAME CITY, TOWN) last year?

_____

6. For every case reported, how many cases would you estimate go unreported?

_____

7. What would you say are the reasons for not reporting?

_____

_____

_____

_____

8. What do you think can be done to encourage more people to report suspected cases of child abuse or neglect?

_____

_____

_____

_____

9. All states now have child abuse reporting laws. According to the law in this state, who is obligated to report a suspected case of child abuse?

_____

_____

_____

_____

10. Actually, where do most of the reports of child abuse or neglect come from in _____ (NAME CITY, TOWN)?

_____

_____

_____

_____

11. Some communities have developed special services to protect abused children and to help their families. Does _____(NAME CITY, TOWN) use any of the following programs or services? (READ LIST AND CIRCLE ANSWER.)

		Yes	No
1.	24-hour hotline.....	1	2
2.	Temporary, emergency shelter for the child.....	1	2
3.	Protective custody.....	1	2
4.	Special authority for hospitals to "hold" a child for a certain amount of time.....	1	2
5.	A Parents Anonymous chapter.....	1	2
6.	A child abuse team of specialists on call.....	1	2
7.	Central registry where names of reported abusers are kept.....	1	2
8.	Homemaker program.....	1	2
9.	Crisis day care.....	1	2

12. Are there any other special services or programs that you know of in_____ (NAME CITY, TOWN)?

_____

_____

_____

_____

13. What action, if any, does the law mandate within 24 hours of receiving a report of child abuse?

_____

_____

_____

_____

14. What percentage of reported child abuse cases result in eventual removal of the child from the biological parents?

_____%

15. Now let me turn to the caseworkers who handle child abuse cases. What is the average number of cases handled by a caseworker, and how many of these would you say are child abuse or neglect cases, and how many are of other types?

Child Abuse _____

All Other Cases _____

Total Cases _____

16. Do you know what the attrition rate is for caseworkers handling child abuse cases?

_____ PER _____

17. Is there any kind of ongoing, in-service training for these caseworkers?

Yes..... 1 ASK Q18 No..... 2 SKIP TO Q19

18. What does this training consist of?

_____

_____

_____

_____

_____

19a. Some experts feel that one possible cause of child abuse and neglect is the lack of preparation for parenthood that most people have. As you see it, what are some other factors which might cause child abuse and neglect?

_____

_____

_____

_____

19b. Are you aware of any programs, services or training in _____ (NAME CITY, TOWN) that might help prevent child abuse and neglect?

_____

_____

_____

_____

20. Now I'd like your evaluation of the handling of child abuse and neglect cases, considering everything you know about the way child abuse and neglect are handled in _____ (NAME CITY, TOWN). Would you say that handling is....? (READ LIST AND CIRCLE ANSWER.)

A. Every bit as effective as you would like it to be....	1	SKIP TO INSTRUCTION AFTER Q22
B. About as effective as you would like.....	2	
C. Not quite as effective as you would like.....	3	ASK Q21
D. Not as effective, by far, as you would like.....	4	

21. In your opinion, what changes or improvements would make the handling of child abuse cases more effective?

_____

_____

_____

_____

_____

22. As you see it, what obstacles, if any, stand in the way of treating cases of child abuse and neglect more effectively?

_____

_____

_____

_____

IF RESPONDENT DOES NOT ACTUALLY WORK WITH ABUSE CASES, TERMINATE.

IF RESPONDENT DOES WORK WITH ABUSE OR NEGLECT CASES, CONTINUE.

23. What about the cases of child abuse or neglect that were handled here? About how many cases of child abuse and neglect were handled at this facility last year?

_____

24. What about training programs for people who are interested or involved in the prevention or treatment of child abuse or neglect? Did you participate in any training or educational programs on child abuse or neglect in the past 12 months?

Yes..... 1 ASK Q25 No..... 2 SKIP TO Q26

25. How would you rate the educational or training program(s) that you attended in helping you prevent, identify or deal with child abuse cases? Would you say these programs were....? (READ LIST AND CIRCLE ANSWER.)

A. Every bit as helpful to you as you had hoped..... 1 SKIP TO Q27
B. About as helpful to you as you had hoped..... 2
C. Not quite as helpful to you as you had hoped..... 3 ASK Q26
D. Not at all as helpful to you as you had hoped..... 4

26. What kinds of programs would you like to see that might be helpful in preventing, identifying, or dealing with child abuse?

_____

_____

_____

_____

27. In your opinion, how effective do you feel this (NAME TYPE OF ORGANIZATION, I.E., HOSPITAL, SCHOOL, PARENTS' ASSOCIATION, PROTECTIVE SERVICE DEPARTMENT, DOCTOR'S OFFICE, ETC.) is in dealing with child abuse? Would you say it is...?

A. Every bit as effective as you would like	TERMINATE
B. Almost as effective as you would like	
C. Not quite as effective as you would like	ASK Q28
D. Not at all as effective as you would like	

28. What improvements or changes would have to be made so that this (NAME TYPE OF ORGANIZATION) would be as effective as you would like it to be in dealing with child abuse cases?

_____

_____

_____

_____

_____

29. As you see it, what obstacles, if any, stand in the way of this facility providing more adequate service in child abuse cases?

_____

_____

_____

_____

_____

SURVEY OF SERVICES FOR CHILD ABUSE AND NEGLECT

The National Council of Jewish Women, Section, is conducting a survey on child abuse and neglect services in (Your Town) . The purpose of this survey is to prepare, as completely as possible, a comprehensive directory of agencies and groups, both private and public in (Your Town) which provide child abuse and/or neglect services.

Name of Interviewer: _____

Date: _____

Name agency/organization/group: _____

Person interviewed: _____ Title: _____

Address: _____ Zip: _____ Phone: _____

Type (public/private): _____

Source of funding: ( ) federal ( ) state ( ) county ( ) city ( ) private
( ) special grant ( ) other, specify: _____

SOURCE OF REFERRALS

( ) self	( )	Indicate the primary source of referral by "1", 2nd source by "2", etc. Use right-hand box for figures.
( ) neighbors	( )	
( ) schools	( )	
( ) relatives	( )	
( ) other agencies	( )	
( ) hospitals	( )	
( ) other, specify _____	( )	

GEOGRAPHICAL AREA OR COMMUNITY SERVED (please specify)

_____

Limitations placed on those who can receive your services: ( ) residency requirements
( ) age limits ( ) length of service ( ) financial eligibility
( ) other, please specify: _____

_____

TYPES OF SERVICES OFFERED

We are interested in only those services that are available for families who have problems with child abuse and/or neglect. We define child abuse and neglect as follows:

(SECURE YOUR STATE'S DEFINITION FROM THE STATE LEGISLATION)

Numbers served should relate to child abuse and neglect situations only.

Number of persons served currently per month/year (abuse or neglect only, may include potential abuse/neglect):

Crisis Intervention

( ) 24-hour service _____

( ) hotline _____

( ) drop-in service available _____

( ) child care (nursery/receiving home) _____

( ) other, specify _____ _____

Financial Services

( ) food _____ _____
(emergency, long-term, short-term)

( ) housing _____ _____
(emergency, long-term, short-term)

( ) clothing _____ _____
(emergency, long-term, short-term)

( ) medical care _____ _____
(emergency, long-term, short-term)

( ) furniture and household goods _____ _____
(emergency, long-term, short-term)

( ) education and training courses _____ _____
(emergency, long-term, short-term)

( ) other, please specify _____
_____ _____

Medical Services (infant/child: birth-12 years; adolescent: 12-18 years; adult: 18 and up)

( ) well-child care available for: ( ) infant/child ( ) adolescent ( ) adult_____

( ) acute illness care for: ( ) infant/child ( ) adolescent ( ) adult _____

( ) chronic illness care for: ( ) infant/child ( ) adolescent ( ) adult _____

( ) follow-up services for: ( ) infant/child ( ) adolescent ( ) adult _____

( ) visiting nurse service/outreach for: ( ) infant/child ( ) adolescent ( ) adult _____

( ) infant/child stimulation (a planned activity program to stimulate growth and development) _____

( ) child protection team—(identify) _____

( ) family-planning services _____

Diagnostic Services

( ) medical available for: ( ) infant/child ( ) adolescent ( ) adult _____

( ) psychiatric available for: ( ) infant/child ( ) adolescent ( ) adult _____

( ) psychological available for: ( ) infant/child ( ) adolescent ( ) adult _____

( ) social work available for ( ) infant/child ( ) adolescent ( ) adult _____

( ) in and/or outpatient for ( ) infant/child ( ) adolescent ( ) adult _____
(cross off one that does not apply)

( ) emergency for: ( ) infant/child ( ) adolescent ( ) adult _____

( ) consultative and/or staff for: ( ) infant/child ( ) adolescent ( ) adult _____

( ) learning disabilities and vocational for: ( ) infant/child ( ) adolescent ( ) adult _____

( ) developmental assessment _____

( ) other, please specify_____ _____

Treatment Facilities for: ( ) children ( ) adults ( ) total family

( ) casework _____

( ) psychiatric _____

( ) group therapy _____

( ) lay therapy _____

( ) child psychiatric or play therapy _____

( ) marital counseling _____

( ) family therapy _____

( ) other, please specify _____ _____

Child Care Services

( ) receiving home (specify length of stay) _____ _____

( ) foster care (specify voluntary and/or court-ordered) _____ _____

( ) crisis nursery _____

( ) day care _____

( ) playschool or preschool _____

( ) homemakers service _____

( ) other, please specify _____ _____

_____

_____

Educational and Training Services—available to what target groups:

( ) professional groups ( ) lay or para-professional groups ( ) general public

( ) individuals/students: ( ) secondary ( ) college ( ) graduate ( ) parents

( ) speakers, on request

( ) regular courses (specify titles and length) _____

_____

_____

( ) workshops, on request

( ) in-service training (specify target groups) _____

_____

_____

( ) other, please specify _____

_____

Materials Available - please list:

( ) catalogue_____

( ) audio-visual_____

( ) books_____

( ) articles_____

Cost for any of the above: rental: _____

purchase: _____

( ) other, please specify_____

Legal Services

( ) law enforcement

( ) attorney for your agency ( ) for parents ( ) for child ( ) consultation
( ) referral to community legal resources

( ) instigate court action ( ) criminal ( ) civil/juvenile court

( ) other, please specify_____

AGENCY PERSONNEL—List professions represented (please include requirements as to education and experience, average length of stay of each worker in the agency, total number of employees):

Profession	Degree/Experience	Length of Stay in Agency

Total number of employees _____

What are the persistent vacancies in your agency? Why do they seem to exist, in your opinion? (Educational requriments, pay scale, hours, etc.) _____

_____

Citizen-lay participation for your agency:

( ) advisory board with duties of:
- ( ) policy making
- ( ) review of budget
- ( ) review of programs
- ( ) other, please specify_____

( ) use of volunteers for duties of:
- ( ) transportation
- ( ) child care
- ( ) clerical work
- ( ) direct service to clients, please specify

_____

_____

- ( ) other, please specify_____

_____

CAPACITY FOR SERVICES

Is your agency currently operating: ( ) at capacity ( ) open for referrals

( ) Are services readily available ( ) Is there a waiting list for services—if yes,

How long_____ and for what services_____

_____

What is the average caseload per worker? _____

Can you document this? _____ (Please attach available statistics.)

LIST RECENT ACCOMPLISHMENTS OF YOUR AGENCY IN THE AREA OF SERVICES RELATIVE TO CHILD ABUSE AND NEGLECT:

WHAT MORE WOULD YOU LIKE TO SEE DONE WITHIN YOUR AGENCY:

WHAT MORE WOULD YOU LIKE TO SEE DONE WITHIN THE COMMUNITY:

WITHIN THE STATE:

ON THE FEDERAL LEVEL:

WHAT DO YOU SEE AS THE MOST URGENT, UNMET NEED IN THE AREA OF CHILD ABUSE AND NEGLECT:

OTHER COMMENTS

DO YOU HAVE A DIRECTORY OR RESOURCE FILE THAT WOULD HELP US WITH THIS SURVEY?
(PLEASE ATTACH COPY)

WHAT OTHER AGENCIES WOULD YOU SUGGEST BE INCLUDED IN THIS STUDY:

NAME	ADDRESS	PERSON TO CONTACT

ESTABLISHING A HOTLINE

"Hotlines" can serve two vital functions in the community: they can offer crisis intervention and the referral of services to parents who call out of fear of hurting their children, and they can facilitate the reporting of suspected child maltreatment. Most crisis intervention Hotlines incorporate some reporting functions, and many parents use Hotlines for self-reporting.

The crisis intervention Hotline provides a telephone number which parents can call 24 hours a day if they feel in danger of abusing a child. The Hotline "listener" provides an outlet to the parent for the expression of frustration and anger, performs a temporary counseling function, and, when possible, refers the parent to an ongoing service agency for help. Some Hotlines send trained volunteers out to the homes of callers to offer assistance; some make referrals to social agencies, and provide no counseling themselves; and some provide immediate, professional counseling over the telephone.

A telephone service does not require identification of the caller, and often a parent fearful of identifying himself or herself is more likely to call the Hotline than enter a walk-in center. Once the contact is made with an understanding listener or counselor over the telephone, the parent often identifies himself or herself and requests ongoing help from a social agency, self-help group or other resource. In some cases, a parent calls after the child has been injured. In these cases, the listener must form a judgment as to the seriousness of the situation, and, when necessary, take emergency measures. This may involve such procedures as dispatching medical personnel to the home. In most cases, parents who call a Hotline are asking for help and are willing to cooperate.

It is essential that persons covering the Hotline be carefully trained, sensitive, understanding, patient, non-judgmental and knowledgeable of available resources. The National Center for the Prevention and Treatment of Child Abuse and Neglect recommends that Hotline listeners be professional social workers. Listeners may have an interdisciplinary team, including trained volunteers, for back-up.

A crisis intervention Hotline is a complex, ongoing responsibility. As with any new service, a community must be studied to assess the need for the service and to determine which existing agencies should be involved in planning and implementation. Once in operation, the Hotline may be the only link between a parent in need and community services. The service must be structured carefully so that cases are handled systematically and appropriately, so that callers are not "lost" after their initial contact, and so that referrals are made to community agencies for assistance. All Hotline activities must be coordinated with agencies whose services are available on referral through the Hotline. Referrals are most successful when the caller is referred directly to an individual who is familiar with the Hotline, and preferably one who knows the staff person making the referral. Such integration of agnecy and the Hotline personnel is essential if referrals are to receive immediate attention and follow-up.

Carefully drawn guidelines for starting a Hotline can be found in the Department of Health, Education and Welfare publication entitled, Child Abuse and Neglect: The Problem and Its Management, The Community Team, An Approach to Case Management and

Prevention, Volume 3 (see Selected Bibliography for details). This pamphlet details the establishment of need, definition of geographical service area, the choice of particular Hotline services to offer, appropriate auspices for Hotlines, funding, management, staff recruitment and training, making referrals and using consultants, and some of the crucial issues in the operation of the Hotline itself, such as "confidentiality versus reporting," publicizing the Hotline, evaluating the service and handling the crisis call.

IN THE NCJW SECTIONS...

NORTH BROWARD, FLA.

THIS SECTION INSTITUTED A CHILD ABUSE HOTLINE CALLED "FAMILIES IN TROUBLE" WHICH OFFERED A REFERRAL SERVICE AND A "LISTENING EAR" TO THE CALLER. THE SECTION HAS COMPLETED A ONE-DAY SEMINAR ON CHILD ABUSE TO INFORM THE COMMUNITY OF THIS PROBLEM AND MAKE IT AWARE THAT THE COUNTY HAS NO SERVICES AVAILABLE TO COPE WITH CHILD ABUSE.

DEVELOPING FAMILY SUPPORT PROGRAMS

There are a series of programs which your Section may want to offer in your community. These all provide some form of direct rehabilitation or treatment services to families which are experiencing child abuse or neglect. These programs include the following types of services:

- Parents Anonymous
- Family Outreach Center
- Crisis Care Center
- Family Living Center

Each of these programs represents a rather sophisticated level of service delivery and should be undertaken in cooperation with local agencies which can supply needed expertise in the form of training and professional service.

Your Section can provide the impetus for these programs by mobilizing community support and by recruiting and training volunteers to provide appropriate services.

The added value of these programs is that they can also prove to be preventive in nature if they are implemented with high risk families who can be identified before abuse and neglect takes place. In order for an effective preventive program to develop, early identification is necessary, and therefore programs must be developed with agencies which can identify such families.

PARENTS ANONYMOUS

Parents Anonymous (P.A.) is the largest national self-help organization for parents who define themselves as abusive to their children. With over 8,000 members, P.A. has come a long way since its beginnings in the early 1970's.

Parents Anonymous is a nurturing, teaching and therapeutic service operated by consumers, at no charge to them, as a means of reducing and preventing further child abuse. P.A. recognizes the following forms of child maltreatment: physical abuse, physical neglect, emotional abuse, emotional deprivation, verbal assault and sexual abuse. P.A. members feel that each of these can be equally detrimental to the growth and development of children.

Persons come to P.A. groups on their own, or are referred by public and private agencies such as the courts, the police, local child protection agencies, and by individuals including treatment professionals, friends, neighbors and relatives.

P.A. provides group experiences through weekly sessions at free meeting places such as churches or YMCAs. The meetings help parents deal more effectively with their current life situations. Though life histories are often shared and are important as a means of placing individual circumstances in proper context, members are not required to give identifying information about themselves. They are not even required to speak at meetings, should they choose not to do so. However, the setting creates a mutually supportive atmosphere where even the most frightened person has the chance to be touched and to be reached. As new members become more comfortable, they may exchange phone numbers, thus making crisis contacts available between meetings. Healthy social contacts often result.

Each P.A. group has a Parent-Chairperson who leads the group. Each group also has a sponsor, a professional who volunteers time to serve as group consultant in support of the Parent-Chairperson. The sponsor is usually a service provider who can refer parents to additional resources beyond the P.A. experience. This is important for those members who may need additional services, such as individual therapy, family counseling and welfare assistance. P.A. parents need this extra bridge because their fear of rejection (based upon past negative experiences) may have prevented them from reaching out for help previously.

As a group, P.A. parents are militantly anti-child abuse. They hurt for others and for themselves when they hear group members discuss painful issues. They will reach out to help, but they will not take a "wait and see" attitude if a child and family are in danger and a parent refuses to decrease the potential hazard. In rare circumstances, reporting to more authoritative parties is done.

Instant successes are rare. Rather, time to develop a greater sense of self and thus more positive family relationships, is the goal.

FOR FURTHER INFORMATION ON SETTING UP A P.A. GROUP, CALL THE TOLL FREE NUMBER 800-421-0353.

FAMILY OUTREACH CENTER

The purpose of a Family Outreach Center is to focus on the prevention of family situations which foster neglect and abuse of children by intervening where there is a potential for maltreatment. Centers should be co-sponsored by NCJW and the Department of Child Welfare or another service agency in the community, and staffed by professionals provided by that agency and volunteers from the NCJW Section.

Volunteer counselors must receive training from a professional assigned to the Center by the Department of Public Welfare or other cooperating agencies. The training should include topics such as the nature and consequences of child abuse, intervention techniques and the characteristics of child abusers.

In the Family Outreach Center, families with potential for child abuse or neglect should be carefully screened by a professional social worker and assigned to NCJW volunteers or referred for psychotherapy.

Families who are referred to a center of this type usually have one or more of the following characteristics:

- They are unaware of normal patterns of child development
- They have unrealistic expectations of their children and themselves
- They believe that physical punishment is the best or only way to discipline children
- They had unhappy experiences as children which now make it harder to enjoy parenthood
- They have tensions and stress brought on by such events as unemployment, financial crises, marital conflicts, family interference, additional pregnancy or ill health
- They have little or no support system from their family or friends

The volunteer counselor works closely with the family and offers warmth and understanding, listens openly and non-critically, and offers emotional support, weekly visits and regular phone contact. Volunteers should commit themselves for a period of twelve months, and should be supervised by a trained social worker.

The major areas in which volunteers can provide valuable assistance are:

- Parenting education
- Child rearing and acceptance of each child's differences
- Handling of crisis situations
- Resource referral

The Center may also offer additional services such as:

- Counseling
- Socialization—group meetings and activities
- Child development education
- Consumer education—nutrition, budgeting, home care, credit, clothing
- Vocational education
- Respite care—babysitting so parents have time off from parenting
- Day care—can involve the parents as aides in order for them to observe children and learn to relate to them. (See the NCJW publication, Setting Up a Day Care Center.) Many programs have used the day care center as the core for the Family Outreach Center. Funding from day care and child development funds and acceptance of day care as a service makes this a viable route for program development.

CRISIS CARE CENTER

A Crisis Care Center is designed to provide a safe shelter for children who are in immediate danger due to a family crisis, or who have been abused and need medical care. The Center cares for children until an investigation is held and a disposition is made in the particular case.

The Center can be housed in a group home, foster home or small shelter. A resident staff must be trained to help children through traumatic experiences and follow medical directions when necessary. Children are placed in this type of Center for two to four days, until a long-range plan can be developed or the immediate family crisis has been resolved.

IN THE NCJW SECTIONS...

NEW ORLEANS, LOUISIANA

THE SECTION IS WORKING WITH THE CRISIS CARE CENTER, A CHILD ABUSE PREVENTION PROGRAM. THE CENTER PROVIDES RESPITE SHELTER FOR CHILDREN WHOSE FAMILIES ARE IN CRISIS. VOLUNTEERS ACT AS PARA-PROFESSIONALS, CRISIS TELEPHONE WORKERS, WALK-IN COUNSELORS, PARENT AIDES, PLAY THERAPISTS, GROUP ACTIVITIES LEADERS AND SPEAKERS. VOLUNTEERS UNDERGO AN EXTENSIVE TRAINING PROGRAM THAT INCLUDES AN OVERVIEW OF THE PROBLEMS OF CHILD ABUSE AND NEGLECT,

COMMUNITY APPROACHES TO THE PROBLEM, CHILD DEVELOPMENT, PLAY THERAPY TECHNIQUES, CRISIS INTERVENTION THEORY AND PRACTICE, COUNSELING SKILLS, AND PUBLIC SPEAKING AND COMMUNITY EDUCATION. PROFESSIONAL STAFF INCLUDES CHILD CARE WORKERS AND SOCIAL WORKERS WHO DO INTAKE AND CRISIS COUNSELING. THE SECTION CONTRIBUTES $21,625 PER YEAR TO THE PROGRAM, WHICH ALSO RECEIVED $10,000 FROM THE FREEMAN FOUNDATION, $5,000 FROM THE HEYMAN-WOLF FOUNDATION, $5,000 FROM THE FIELD FOUNDATION, $4,000 FROM THE MENTAL HEALTH ASSOCIATION OF GREATER NEW ORLEANS, AND MATCHING TITLE XX FUNDS.

RICHARDSON-PLANO, TEXAS

THE SECTION DEVELOPED A FAMILY OUTREACH PROGRAM IN CONJUNCTION WITH THE DALLAS COUNTY CHILD WELFARE UNIT. IT ESTABLISHED A PILOT PROJECT THAT PROVIDES A VOLUNTEER STAFF TO AID IN SECURING PROSPECTIVE ADOPTIVE AND FOSTER HOMES FOR THE CHILDREN OF THE AREA.

GREATER DALLAS, TEXAS

THIS SECTION HAS INITIATED, TOGETHER WITH THE DALLAS COUNTY CHILD WELFARE AGENCY (DCCW), A FAMILY OUTREACH PROGRAM. IT IS STAFFED AND OPERATED BY VOLUNTEERS, AND DCCW FURNISHES A PAID SOCIAL WORKER WHO SUPERVISES THE CASEWORK OF THE VOLUNTEERS. THE PRIMARY FUNCTIONS ARE PREVENTION OF CHILD ABUSE AND NEGLECT AND EDUCATION OF THE PUBLIC TO RECOGNIZE AND REPORT CHILD ABUSE AND NEGLECT.

EL PASO, TEXAS

THIS SECTION HAS CO-SPONSORED A NEIGHBORHOOD OUTREACH SERVICE WITH THE TEXAS STATE DEPARTMENT OF PUBLIC WELFARE. THIS CHILD ABUSE PREVENTION PROJECT SERVES A COMMUNITY OF APPROXIMATELY 20,000 RESIDENTS. VOLUNTEERS SERVE AS NEIGHBORS TO FAMILIES AND OFFER ASSISTANCE BY TAKING CHILDREN ON TRIPS IN ORDER TO RELIEVE EMOTIONAL STRAIN OF PARENTS.

ST. LOUIS, MISSOURI

THIS SECTION PROVIDES VOLUNTEERS TO A FAMILY RESOURCE CENTER FOR WORK IN A CHILD ABUSE AND PREVENTION TREATMENT PROGRAM. TEACHER AIDES WORK WITH ABUSED CHILDREN IN A CLASSROOM, WHILE COUNSELORS WORK WITH PARENTS ON A ONE-TO-ONE BASIS, OFFERING SUPPORT AND FRIENDSHIP. SPEAKERS PRESENT PROGRAMS AT SCHOOLS, UNIVERSITIES AND PTA MEETINGS. THEY ALSO HOLD WORKSHOPS FOR STUDENT NURSES. THE VOLUNTEERS UNDERGO 16 HOURS OF TRAINING AND PARTICIPATE IN A MONTHLY TRAINING SESSION LED BY A SOCIAL WORKER. IN ADDITION, VOLUNTEERS TUTOR PARENTS ON THE SUBJECTS REQUIRED FOR THE GENERAL EDUCATION DIPLOMA EXAM.

FAMILY LIVING CENTER

Living Centers provide a place for families who need help and support in their parenting role, and are potential child abusers and neglecters.

Centers of this type are primarily for families who have children under school age and are able and willing to live in a cooperative living situation.

Families should make a commitment to live in this type of setting for a period of three months to a year. The focus of the program should be on the preparation of these families for independent living. Residents should learn and practice needed nurturing skills through involvement in the running of the group home.

Services provided in a Center of this type would include the following:

Family Life Education

- Budgeting
- Nutrition and cooking
- Consumer education
- Clothing—construction, purchasing and care
- Household organization and management

Parenting and Child Rearing

- Role of parents
- Child growth and development
- Behavior management
- Stimulation and positive activities for parents and child to support growth

Educational and Vocational Needs

- Educational and vocational assessments
- Educational and training programs for future employment
- Basic skills for survival

Volunteers can be utilized as counselors, teachers, administrators and program facilitators. Full-time staff and professional social work support would also be required.

For further details on setting up such a Center, refer to the NCJW publication, Setting Up a Group Home.

BUILDING A COALITION FOR MONITORING AND ADVOCACY

Developing a coalition requires the involvement of the many voluntary and professional groups concerned with the welfare of children and families. Volunteer organizations such as NCJW can usually be very successful in building a coalition, since they focus on the problems rather than institutional jurisdictions. Groups which might be included in a coalition are:

Volunteer Groups

- NCJW
- League of Women Voters

Professional Groups

- National Association of Social Workers
- Day Care Centers
- Medical—Pediatricians' Division of County/State Medical Association
- Mental Health Association
- State Education Association

Organizations

- Department of Public Welfare (Protective Services and Child Welfare)
- Juvenile Courts
- Police
- District Attorney
- School Districts
- Health and Welfare Councils

Successful coalitions are built around issues, common concerns, mutual desires and an understanding that results are achievable when groups unite in a common cause.

Your Section might consider building a coalition of community agencies and organizations to review state legislation and regulations, and to demand changes where they are needed.

The first step could be the development of a monitoring system designed to ensure that children and families are served in the appropriate ways under the law. This type of monitoring system can reveal gaps in the availability of services in your community, which will necessitate advocacy for needed changes in addition to the service delivery system.

A commitment to monitoring requires ongoing review of the system which deals with child abuse and neglect. Programs must be watched to be sure that they are effectively delivering services and that they are operating according to the law. Programs must also be reviewed to be sure that solutions offered to family crisis situations are most beneficial and least harmful to the children and families involved. For

example, removal of the child from the home is a very serious step which should be taken only in the most dire of circumstances. If it proves to be absolutely necessary, it should be for the shortest period of time needed to return the child to a rehabilitated family.

Once your coalition has been built and is monitoring the system, you can begin to demand that appropriate services be developed to effectively deal with child abuse in your community, and that programs be instituted which are preventive in nature.

NCJW has two excellent manuals which you should order if you are considering a monitoring and advocacy campaign. They are: The Advocacy Manual, and The Monitoring Manual.

IN THE NCJW SECTIONS...

ROCHESTER, NEW YORK

THE ROCHESTER SECTION IS THE INTERIM COORDINATOR OF A NEWLY FORMED COALITION OF PROFESSIONALS AND VOLUNTEERS, THE COALITION FOR PROTECTION FOR CHILDREN (CPC), WHICH COORDINATES CHILD ABUSE PROGRAMS IN MONROE COUNTY.

TOLEDO, OHIO

THIS SECTION'S CHILD ABUSE TASK FORCE WAS STARTED IN SEPTEMBER, 1976, WITH SEVEN WOMEN WHO ATTENDED SEMINARS, STUDIED, DISCUSSED AND READ PERTINENT MATERIALS, AND CONDUCTED INTERVIEWS IN ORDER TO BECOME INFORMED IN ALL AREAS OF CHILD ABUSE, BOTH NATIONALLY AND LOCALLY. THEY WERE INTERESTED IN BACKGROUND, CAUSES AND STATISTICS, AS WELL AS THE AREAS OF TREATMENT AND PREVENTION. THEIR RESEARCH LED THEM TO FORM A COALITION WITH A JUNIOR LEAGUE INTEREST GROUP IN JANUARY, 1977, AND TO CONTINUE TO WORK COLLECTIVELY SINCE THEN. THEY HAVE PARTICIPATED IN A CITY-WIDE PANORAMA AND ARE WORKING CLOSELY WITH THE CHILD ABUSE PREVENTION CENTER IN MANY EFFORTS, INCLUDING A SPEAKERS BUREAU. THEY SPONSORED A LARGE EDUCATIONAL MEETING FOR NCJW IN APRIL. PRESENTLY THEY ARE WORKING TO ESTABLISH A CRISIS NURSERY FOR CHILDREN UNDER TWO YEARS OF AGE, PARENTING CLASSES FOR ADULTS, AND AN ENDORSED QUEST-SKILLS FOR EFFECTIVE LIVING PROGRAM, AND HAVE ESTABLISHED AND DEVELOPED A CURRICULUM TO BE USED IN AREA HIGH SCHOOLS CONCERNING CHILD ABUSE.

FOOTNOTES

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18. Editorial, "Battered Child Syndrome," 181 JAMA 42 (1962), and 188 JAMA 386 (1964).

19. N.Y.S. Department of Social Services, Annual Report, 1975.

20. Eight state statutes provide for absolute immunity. Nine states presume good faith on the part of the reporter, and ten provide immunity in the absence of bad faith. Many simply grant immunity. Katz, Sanford; Howe, Ruth-Arlene; McGrath, Melba, "Child Neglect Laws in America," A Family Law Quarterly, 3-373, 65-6 (1975).

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22. Ibid, p. 300.

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35. These are Alabama, Alaska, Arkansas, Delaware, Iowa, Maine, Missouri, New Jersey, New Mexico, Washington, and the Virgin Islands.

36. See Katz, footnote 20, p. 59.

37. Ibid.

38. See Wald, footnote 23, pp. 630-31.

39. Ibid., p. 631.

40. Ibid., p. 632

41. Ibid.

42. Ibid., p. 634.

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APPENDIX

A SELECTED BIBLIOGRAPHY

B FILMS

C SOURCES FOR ADDITIONAL MATERIALS

D GLOSSARY OF TERMS

APPENDIX A

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A Manual for Action

This volume includes a discussion of problems and solutions for NCJW Sections and community organizations in their efforts to design and implement action programs for juveniles. Examples of three different projects provide actual application models. Includes an extensive bibliography and suggested resources.

Children's Rights

A position paper on Constitutional and human rights on a local and national level. (Available in limited quantities.)

Children Without Justice

A nationwide survey conducted by NCJW on juvenile justice, illustrating that the system is failing, and concluding that the human cost to children and society is too high to pay without protest. Price: $2.25.

Coalitions for Action

A pamphlet outlining how to form coalitions and what they can do in juvenile justice. (Available in limited quantities.)

How to Start a Group Home

A step-by-step guide to organizing, programming, staffing and funding group residences for children. (Available in limited quantities.)

How to Start a Day Care Center

A pamphlet that outlines organization, funding sources, program, use of volunteers, etc. Bibliography included. Price: $.25.

Justice for Children

An action study guide to the juvenile justice system in your community. Limited number free to Sections. Price: $1.00

Proceedings at National Symposium on Status Offenders

A verbatim report of the proceedings of the May, 1976, NCJW National Symposium on Status Offenders. Topics included runaways, truants and incorrigibles, and programs designed to meet juvenile needs and problems.

Neonatal Audio Screening

Project profile on testing new-born children for hearing disabilities.

Project Discovery

Training parents to play creatively with their preschool children.

Windows on Day Care

A 248-page report on NCJW's nationwide survey of day care. Written for NCJW by Mary Dublin Keyserling, former head of the Women's Bureau of U.S. Department of Labor. Price: $2.25.

Directory of Section Projects

Describes NCJW Section projects on child abuse and justice for children. The project profiles briefly describe programs of direct services, coalitions, community education and legislation. 1978.

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APPENDIX B

FILMS ON CHILD ABUSE

Broken Bones—Broken Homes: Dealing with Child Abuse

Reviews historical, psychiatric, legal, public welfare and research aspects of child abuse, and traces a case of suspected abuse from tentative identification to court hearing. 16 mm.

National Center for Juvenile Justice
3900 Forber Avenue
Pittsburgh, PA 15260

Child Abuse: The Battered Child

Exploration of child abuse through candid interviews with doctors, social workers, clergymen and families. 16 mm.

Video Tape Network
115 East 62nd Street
New York, NY 10021

Child Abuse: A Total Treatment Perspective

Actors role-play hypothetical parents meeting with a team of professionals, playing themselves. Videotape.

Educational Television Center
172 MVR
Cornell University
Ithaca, NY 14853

Child Abuse and the Police

A good film to use in teaching techniques to the police, and to give a better understanding of the problem. 16 mm.

AIMS Instructural Media Service
P.O. Box 1010
Hollywood Boulevard
Los Angeles, CA 90028

Children in Peril

A film which shows battered children, and which can be used for shock value. This is one of the first community education films. 16 mm.

Xerox Education Publishers
245 Longhill Road
Middletown, Conn. 06457

Child Maltreatment and the Law

Shows representatives from the legal profession at a conference at Cornell University discussing the response of the legal system to child abuse. Videotape.

Educational Television Center
172 MVR
Cornell University
Ithaca, NY 14853

Don't Give Up on Me

An excellent film which can be used for community education meetings and for training caseworkers. 16 mm.

Motorola Teleprogram, Inc.
332 S. Michigan Avenue
Chicago, Illinois 60604

Fragile: Handle with Care

Depicts three child abuse cases. The film is well done and can be used for community education meetings. 16 mm.

International Order of Foresters
High Court of California South
100 Border Avenue, Suite B
Solance, CA 92075

The Neglected

Depicts social workers' feelings on the problem of child neglect. 16 mm.

International Film Bureau, Inc.
332 S. Michigan Avenue
Chicago, Illinois 60604

Children in Crisis—Child Abuse and Neglect

Depicts factors which contribute to child abuse and neglect, and the effects of abuse and neglect on the young child. Five 35 mm filmstrips accompanied by 12" LP or cassette tapes and discussion guide. (Price: $53.00 with record; $58.00 with tapes.)

Parents' Magazine Films, Inc.
Department 548
52 Vanderbilt Avenue
New York, NY 10017

War of the Eggs

Portrays care of child abuse in a hospital. Depicts crisis intervention techniques, and provides insight into mother's abuse of child. 16 mm.

Insight Films
P. O. Box 1057
Pacific Palisades, CA 90272

APPENDIX C

SOURCES FOR ADDITIONAL MATERIALS ON CHILD ABUSE

American Humane Association
Children's Division
P. O. Box 1266
Denver, Colorado 80201
Publications on child protection.

Child Welfare League of America, Inc.
67 Irving Place
New York, NY 10003
Material available upon request.

National Center on Child Abuse and Neglect, Children's Bureau
Office of Child Development, DHEW
P. O. Box 1182
Washington, D.C. 20013
Pamphlets for community groups available for $1.00 per copy or shipped in bulk at discounted rate.

National Center for the Prevention and Treatment of Child Abuse
1001 Jasmine Street
Denver, Colorado 80220

National Committee for Prevention of Child Abuse
Suite 510
111 East Wacker Drive
Chicago, Illinois 60601
Material available upon request.

National Institute on Mental Health
Communications Center
Rockville, Maryland 20852
Ask for Selected References on Child Abuse and Neglect.

Parents Anonymous
National Office
2810 Artesia Boulevard
Redondo Beach, CA 90278
Information available upon request.

Child Welfare Resource Information Exchange
2011 Eye Street, N.W.
Suite 501
Washington, D.C. 20006
Materials available on exemplary programs, curricula and technologies.

APPENDIX D

GLOSSARY OF TERMS

Excerpted from Interdisciplinary Glossary on Child Abuse and Neglect: Legal, Medical, Social Work Terms. U.S. Department of Health, Education and Welfare, National Center on Child Abuse and Neglect. DHEW Publication No. (OHDS) 78-30137, 1978. (U.S. Printing Office, Washington, D.C. 20402. Stock No. 017-000-00206-6.)

ADJUDICATION HEARING

Court hearing in which it is decided whether or not charges against a parent or caretaker are substantiated by admissible evidence. Also known as evidentiary hearing.

AGAINST MEDICAL ADVICE (AMA)

Going against the orders of a physician. In cases of child abuse or neglect, this usually means the removal of a child from a hospital without the physician's consent.

APATHY-FUTILITY SYNDROME

Immature personality type often associated with child neglect, and characterized by an inability to feel and to find any significant meaning in life. This syndrome, often arising from early deprivations in childhood, is frequently perpetuated from generation to generation within a family system.

ASSESSMENT

Determination of the validity of a reported case of suspected child abuse or neglect through investigatory interviews with persons involved. This could include interviews with the family, the child, school, and neighbors, as well as with other professionals and paraprofessionals having direct contact with the child or family.

Determination of the treatment potential and treatment plan for confirmed cases.

ASSAULT

Intentional or reckless threat of physical injury to a person. Aggravated assault is committed with the intention of carrying out the threat or other crimes. Simple assault is committed without the intention of carrying out the threat or if the attempt at injury is not completed.

BATTERED CHILD SYNDROME

Term introduced in 1962 by C. Henry Kempe, M.D., in the Journal of the American Medical Association, in an article describing a combination of physical and other signs indicating that a child's internal and/or external injuries result from acts committed by a parent or caretaker. In some states, the battered child syndrome has been judically recognized as an accepted medical diagnosis. Frequently this term is misused or misunderstood as the only type of child abuse and neglect. (See also CHILD ABUSE AND NEGLECT.)

BATTERY

Offensive contact or physical violence with a person without his/her consent, and which may or may not be preceded by a threat of assault. Because a minor cannot legally give consent, any such contact or violence against a child is considered battery. The action may be aggravated, meaning intentional, or it may be simple, meaning that the action was not intentional or did not cause severe harm. Assault is occasionally used to mean attempted battery. (See also ASSAULT.)

BEST INTEREST OF THE CHILD

A frequently used standard for deciding among alternative plans for abused or neglected children. This is related to the least detrimental alternative principle. Usually it is assumed that it is in the child's best interest and least detrimental if the child remains in the home, provided that the parents can respond to treatment. However, this response may be difficult to assess and it may not be known whether the necessary resources are available. A few authorities believe that, except where the child's life is in danger, it is always in the child's best interest to remain in the home. This view reflects the position that in evaluating the least detrimental alternative and the child's best interest, the child's psychological as well as physical well-being must be considered. In developing a plan, the best interest of the child may carry less weight than parental rights or agency policy and practice. However, if the least detrimental alternative principle is utilized, the child's best interest will be served. The best interest of the child and least detrimental alternative principles were articulated as a reaction to the overuse of child placement in cases of abuse and neglect. Whereas "best interest of the child" suggests that some placement may be justified, "least detrimental alternative" is stronger in suggesting that any placement or alternative should be monitored.

CENTRAL REGISTRY

Records of child abuse reports collected centrally from various agencies under state law or voluntary agreement. Agencies receiving reports of suspected abuse check with the central registry to determine whether prior reports have been received by other agencies concerning the same child or parents. The purposes of central registries are to alert authorities to families with a prior history of abuse, to assist agencies in

planning for abusive families, and to provide data for statistical analysis of child abuse. Due to variance in state laws for reporting child abuse and neglect, there are diverse methods of compiling these records and of determining access to them. Although access to registry records is usually restricted, critics warn of confidentiality problems and the importance of expunging unverified reports.

CHILD PROTECTIVE SERVICES or CHILD PROTECTION SERVICES (CPS)

A specialized child welfare service, usually part of a county department of public welfare, legally responsible in most states for investigating suspected cases of child abuse and neglect and intervening in confirmed cases. Qualifications of CPS workers vary, with some counties employing CPS workers without prior human services training and others requiring at least a Bachelor's Degree in social work. With over 3,000 counties in the U.S., there are many kinds of CPS programs of varying quality.

CHILD WELFARE AGENCY

A public or voluntary agency providing service to children in their own homes and/or in day care, and which may be licensed to place children in foster homes, group homes, or institutions or into permanent adoptive homes. The number of children served annually by child welfare agencies in the U.S. is estimated to be over one million, the majority being served by public agencies. Payments for foster care represent well over half the total of child welfare agencies' expenditures.

Child welfare agencies which meet certain standards, including Standards for Protective Services, are accredited by the Child Welfare League of America. It is estimated that the majority of social workers employed by these accredited agencies hold a Master's Degree. In public child welfare agencies, Master's Degree social workers are a minority, with specific educational requirements varying from state to state. However, unlike many other fields of social work, which share responsibility with other professions, child welfare is a domain for which social work has been accorded major responsibility. Believing that child protection is a public child welfare agency responsibility, few private agencies provide it.

CRIMINAL PROSECUTION

The process involving the filing of charges of a crime, followed by arraignment and trial of the defendant. Criminal prosecution may result in fines, imprisonment, and/or probation. Criminal defendants are entitled to acquittal unless charges against them are proven beyond a reasonable doubt. Technical rules of evidence exclude many kinds of proof in criminal trials, even though that proof might be admissible in civil proceedings. Criminal defendants are entitled to a jury trial; in many civil proceedings concerning children, there is no right to a jury trial.

CRISIS INTERVENTION

Action to relieve a specific stressful situation or series of problems which are immediately threatening to a child's health and/or welfare. This involves alleviation of parental stress through provision of emergency services in the home and/or removal of the child from the home.

CUSTODY

The right to care and control of a child and the duty to provide food, clothing, shelter, ordinary medical care, education, and discipline for a child. Permanent legal custody may be taken from a parent or given up by a parent by court action. Temporary custody of a child may be granted for a limited time only, usually pending further action or review by the court. Temporary custody may be granted for a period of months or, in the case of protective or emergency custody, for a period of hours or several days.

Emergency Custody

The ability of a law enforcement officer, pursuant to the criminal code, to take temporary custody of a child who is in immediate danger and place him/her in the control of child protective services. A custody hearing must usually be held within forty-eight hours of such action. Also known as police custody.

Protective Custody

Emergency measure taken to detain a child, often in a hospital, until a written detention request can be filed. In some states, telephone communication with a judge is required to authorize protective custody. In other states, police, social workers, or doctors have statutory authority to detain minors who are in imminent danger.

CUSTODY HEARING

Hearing, usually held in children's court, to determine who has the right to legal custody of a minor. It may involve one parent against the other or the parents versus a social service agency.

DEPENDENCY

A child's need for care and supervision from a parent or caretaker. Often a legal term referring to cases of children whose natural parent(s) cannot or will not properly care for them or supervise them, so that the state must assume this responsibility. Many states distinguish findings of dependency, for which the juvenile is assumed to have little or no responsibility, from findings of delinquency, in which the juvenile is deemed to be at least partially responsible for his/her behavior.

DISPOSITION

The order of a juvenile or family court issued at a dispositional hearing which determines whether a minor, already found to be a dependent or delinquent child, should continue in or return to the parental home, and under what kind of supervision; or whether the minor should be placed out of home, and in what kind of setting: a relative's home, foster home, or institution. Disposition in a civil case parallels sentencing in a criminal case.

DUE PROCESS

The rights of persons involved in legal proceedings to be treated with fairness. These rights include the right to adequate notice in advance of hearings, the right to notice of allegations of misconduct, the right to assistance of a lawyer, the right to confront and cross-examine witnesses, and the right to refuse to give self-incriminating testimony.

In child abuse or neglect cases, courts are granting more and more due process to parents in recognition of the fact that loss of parental rights, either temporarily or permanently, is as serious as loss of liberty. However, jury trials and presumptions of innocence are still afforded in very few juvenile or family court cases.

EXPUNGEMENT

Destruction of records. Expungement may be ordered by the court after a specified number of years, or when the juvenile, parent, or defendant applies for expungement and shows that his/her conduct has improved. Expungement also applies to the removal of an unverified report of abuse or neglect that has been made to a central registry.

FAILURE TO THRIVE SYNDROME (FTT)

A serious medical condition most often seen in children under one year of age. An FTT child's height, weight and motor development fall significantly short of the average growth rates of normal children. In about 10% of FTT cases, there is an organic cause, such as serious heart, kidney, or intestinal disease, a genetic error of metabolism, or brain damage. All other cases are a result of a disturbed parent-child relationship manifested in severe physical and emotional neglect of the child. In diagnosing FTT as child neglect, certain criteria should be considered:

The child's weight is below the third percentile, but substantial weight gain occurs when the child is properly nurtured, such as when hospitalized.

The child exhibits developmental retardation which decreases when there is adequate feeding and appropriate stimulation.

Medical investigation provides no evidence that disease or medical abnormality is causing the syndrome.

The child exhibits clinical signs of deprivation which decrease in a more nurturing environment.

There appears to be a significant environmental psychosocial disruption of the child's family.

GUARDIAN AD LITEM (GAL)

Adult appointed by the court to represent the child in a judicial proceeding. The guardian ad litem may be, but is not necessarily, an attorney. Under the Child Abuse Prevention and Treatment Act, a state cannot qualify for federal assistance unless it provides by statute "that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem shall be appointed to represent the child in such proceeding." Some states have begun to allow a GAL for children in divorce cases.

IMMUNITY, LEGAL

Legal protection from civil or criminal liability.

Child abuse and neglect reporting statutes often confer immunity upon persons mandated to report, giving them an absolute defense against any libel, slander, invasion of privacy, false arrest, and other lawsuits which the person accused of the act might file. Some grants of immunity are limited only to those persons who report in good faith and without malicious intent.

Immunity from criminal liability is sometimes conferred upon a witness in order to obtain vital testimony. Thereafter, the witness cannot be prosecuted with the use of information he/she disclosed in his/her testimony. If an immunized witness refuses to testify, he/she can be imprisoned for contempt of court.

PRE-TRIAL DIVERSION

Decision of the district attorney not to issue charges in a criminal case where those charges would be provable. The decision is usually made on the condition that the defendant agrees to participate in rehabilitative services. In child abuse cases, this usually involves cooperation with child protective services and/or voluntary treatment, such as Parents Anonymous.

PRIMA FACIE

"On its face." A prima facie case is one which has been proven sufficiently to sustain the charges, unless the defendant or parent can produce strong evidence in rebuttal.

PRIVILEGED COMMUNICATIONS

Confidential communications which are protected by statutes and need not or cannot be disclosed in court over the objections of the holder of the privilege. Lawyers are almost always able to refuse to disclose what clients have told them in confidence. Priests are similarly covered. Doctors and psychotherapists generally have lesser privileges, and their testimony can be compelled in many cases involving child abuse or neglect. Some social workers are covered by such statutes, but the law and practice vary widely from state to state.

SUDDEN INFANT DEATH SYNDROME (SIDS)

A condition which can be confused with child abuse, SIDS affects infants from two weeks to two years old, but usually occurs in children less than six months of age. In SIDS, a child who has been healthy except for a minor respiratory infection is found dead, often with bloody frothy material in his/her mouth. The cause of SIDS is not fully understood. The confusion with child abuse results from the bloody sputum and occasional facial bruises that accompany the syndrome. However, SIDS parents rarely display the guarded or defensive behavior that many abusive parents do.

TEMPORARY PLACEMENT

Voluntary or involuntary short-term removal of a child from his/her own home, primarily when a child's safety or well-being is threatened or endangered, or when a family crisis can be averted by such action. Temporary placement may be in a relative's home, shelter, foster home, or institution. Temporary placement should be considered only if service to the child's family within the home, such as use of a homemaker or day care, is determined to be insufficient to protect or provide for the child or if it is unavailable. If the home situation does not improve while the child is in temporary placement, long-term placement may be warranted. However, authorities agree that many temporary placements unnecessarily become permanent placements.

TERMINATION OF PARENTAL RIGHTS (TPR)

A legal proceeding freeing a child from his/her parents' claim so that the child can be adopted by others without the parents' written consent. The legal bases for termination differ from state to state, but most statutes include abandonment as a guide for TPR.